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SOCIAL HYGIENE AND RELIGION

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All of us, who have at heart the promotion of the social hygiene movement, realize that if it is to succeed in its aims all groups in the commonwealth, who are interested in the common welfare, must play their respective parts and do cordial teamwork. The task is obviously an all-community one.

Two *sine qua non* conditions for cordial teamwork are: first, a common ground of agreement on focal aims, ideals, and standards; secondly, mutual understanding regarding fringe questions on which differences of view crop out among the various coöperating groups. Such mutual understanding implies neither compromise on principles held as inviolable nor spineless desertion of convictions held as reasonable. It does imply the obligation honestly to seek to discover the other man's viewpoint and his reasons therefor; the willingness to dig out and evaluate fairly all the facts that bear upon the points of difference; the honesty to change our opinion if the facts counsel such change; the privilege of endeavoring to win the other fellow over to our view in case we cannot see our way clear to accept his; the duty of bearing and forbearing in case we find the differences irreconcilable; and the emotional stability to discuss moot points freely, with

the buttons off the foils if necessary, but without rancor, animus, or cattishness. To paraphrase a hard worked aphorism: in basic aims, unity; in fringe questions, liberty; in all things, charity.

The present paper is offered in the cause of teamwork and mutual understanding between the social hygiene forces and the forces of organized religion. We shall touch first upon the common grounds of teamwork between them, and afterwards upon a few ways and means of clearing up some typical mutual misunderstandings.

I think it would be safe to make the generalization that the social hygiene movement is actuated by an altruistic philosophy of life. Its ultimate aim would be to make this world of ours a better place to live in. In so far the social hygiene movement and the religious forces are at one, although the latter would usually amplify this basic objective by saying that love of man is integrally bound up with love of God and that, by doing his part towards making this world a better place to live in, a man qualifies for citizenship in the world to come.

In its immediate aims, too, the social hygiene movement calls forth a sympathetic echo in religious circles, although again the respective groups are accustomed to use somewhat different technical terminologies. What the one would call sin, the other would call delinquency. What the one would call temptation or occasions of sin, the other would call factors in delinquency. Expressed in religious terminology, the immediate aims of the social hygiene movement would be summed up in such phrases as training in purity and decency, the upbuilding of home life and its sanctities, the protection of human health and life against disease, and the elimination of the individual and social occasions of sex sin. Moreover, the concrete methods used by the social hygiene movement to attain its immediate aims would, apart from possible differences of detail, be quite in harmony, so far as they go, with the methods that religion acts upon.

So far then as the ultimate and immediate objectives of the social hygiene movement are concerned, a common ground for teamwork with organized religion is conspicuous. That actual coöperation, while it has become increasingly close, is not yet nearly so close as would be desirable, may be due in part, I believe, to certain misunderstandings on both sides that persist in a real measure down to the present day.

The religious forces have here and there misunderstood the social hygiene movement. They have frequently mistaken the part for the whole. The movement in the early part of the present century was largely, albeit by no means exclusively, occupied with the elimination of the venereal diseases and with matters of law enforcement. For many reasons, church leaders and church members were inclined to stand aloof. For instance, there is the deep-rooted American feeling that religion should steer clear of politics, and law enforcement may seem to hug close to the political shore line. There is again the sentiment that the pulpit cannot well be used for the open discussion of such matters as venereal disease.

Then, too, in every new movement we may expect the lunatic fringe. And in the new social hygiene movement there were some who appeared to put the whole stress of sex education upon sex instruction; some, too, and not always the most reticent, who were for imparting that reckless type of sex enlightenment to the young that Stanley Hall called "psychic rape." So religious forces tended to shy off.

There are many of the laity and clergy among the organized religious forces of the country who still share these views regarding the social hygiene movement. Before their active interest can be enlisted, we shall have to do a good deal to make clear to them the cautious, sane, balanced, and comprehensive program on which we are operating.

One concrete way in which this can be done is the way adopted by the local social hygiene society of the District of Columbia. A great number of the meetings have been held under the auspices of the churches of the District. The

coöperation of the clergy has been cordially sought and as cordially given—clergymen of all groups, Jewish, Catholic, and Protestant. Connection has thus been made with a great number of parents and community leaders, who could hardly have been reached through any other channel. The talks and discussions at the meetings have been devoted intentionally more to the educative and recreative phases of the movement than to the medical and medicolegal. The net result of the experiment has been an increasing interest in the whole movement and an almost complete clearing up of misunderstandings on the part of a high proportion of the population of the national capital.

Just as the religious forces have at times misunderstood the social hygiene movement, so, too, have many active participants in the social hygiene movement often misunderstood the religious forces. I am not in any even remote sense attaching blame to either side for these misunderstandings. Such things we take for granted in any new movement calling for teamwork for its successful execution. I am endeavoring instead in the light of personal experience with both the hygiene and religion groups, to clear the atmosphere a little and to shovel away some of the molehills that look like mountains—meanwhile praying kind heaven to forbend from me the unlucky fate of the peacemaker! Out of a score of such misunderstandings, I have chosen two or three that frequently come up in the social hygiene world: the attitude of religion toward the body and its impulses, the sacredness of marriage, and “theological ethics” in the field of sex.

Over and over again, I come across the statement in articles on social hygiene and elsewhere in literature, that Christianity gives no thought to the body and, in fact, despises it. Often this statement is coupled with a contrast to the Greek reverence for and cult of the body. What precisely is meant by such a statement? And is it so? Certainly many of us who profess Christianity rub our eyes in astonishment and wonder if we have read the page aright.

The "body" in the case may mean either the body as such, or health and bodily life, or the bodily impulses. As an illustration, a recent writer in the JOURNAL OF SOCIAL HYGIENE makes the arraignment on all three charges, if I interpret him rightly.¹ Does Christianity and does Christian theology, the latter being nothing more or less than the systematic and scientific study of the Christian ideals and motives of conduct, really despise the body in all or any of these three senses?

The reconciliation of the relative claims of the bodily and spiritual elements that make up the human personality is a problem as knotty as it is ancient. The reconciliation seems very simple until we try our hand at formulating a synthesis in plain language purified of platitude and careless generalization. We all agree on the one hand that a healthy body is a good thing, and that in the proverbial sense a live donkey is better than a dead doctor. We all agree on the other hand that an ailing Darwin is of higher human worth than a Jack Dempsey, a Florence Nightingale or a Jane Addams of higher human worth than a Battling Siki. But just precisely how do we formulate the relative claims of the higher and lower elements in the human make-up?

The Greeks, for all their sympathy with the body as shown in their art, their recreations, and their education, floundered for centuries in their endeavors to work out a satisfactory synthesis. Plato's synthesis, the one that turned out to be the most influential perhaps, viewed the body as the prison of the soul and as a rather sordid one at that. The later Neo-Platonic philosophy went farther and looked upon the body as essentially evil. The Aristotelian solution, one much nearer to the Christian, does not seem to have had the vogue of the Platonic. The Cynic and Stoic view came closer, all things considered, to the Platonic than to the Aristotelian.

In view of this sharp contrast between the Greek aesthete and the Greek thinker, is it good history to make the sweeping

¹ *Love and the Law*, by Albert Lévit. JOURNAL OF SOCIAL HYGIENE, November, 1925. p. 449-63. (See p. 450, 454.)

statement that the Greeks had high reverence for the body? Or is the situation a little more complex? If I wanted to make out a brief to prove that the Greeks glorified the body, it would be easy to do so. If I wanted to write an M.A. thesis to show that the Greeks despised the body, it would be equally easy. All that would be necessary in either case would be to close my eyes to 50 per cent of the evidence, a familiar device of biased or one-sided historical technique.

What of the Christian solution of the paradox of body and soul, a solution which is so often supposed to have blighted the gay Greek exaltation of the body and the beauty thereof? Christianity has undoubtedly stood historically for the superiority of the psychic and spiritual interests of the human personality as compared with its bodily interests. Is this to say that Christianity despises the body? Do we to-day despise the body because we value a crippled Steinmetz as more worth while than a lusty Babe Ruth?

No doubt but that among the early Christian writers, particularly during the period from the fourth to the twelfth centuries, there were some who in writing ascetic treatises for ascetics inclined to overstress the psychic and spiritual at times. Christian thinkers, like Greek and Roman thinkers before them, were face to face with one of the great master questions of humanity, a question fraught with paradoxes. A final satisfactory philosophical synthesis of the relative claims of body and soul was not exactly formulated until the days of the scholastics. Their synthesis has been normative for the last seven hundred years. We shall outline it later in dealing with the bodily impulses.

That, however, many of the spiritual writers, prescholastic as well as postscholastic, many even of those who would be called mystics or ascetics in our day, laid a decided emphasis upon the health of the body has been shown with all clearness by Lockington.² Christianity has consistently emphasized

² *Bodily Health and Spiritual Vigour*, Longmans, London-New York, 1919, ch. I-VI.

health as a prerequisite to do our life-work. The hospital and the nursing orders, two typical Christian creations, are other indications of the Christian evaluation of soundness of body, while insistence upon one day's rest in seven, a day set apart for play as well as for prayer, is Christian concern for bodily health written into what is perhaps the most far-reaching piece of protective health legislation ever carried out in the history of human culture.

Moreover, to turn from bodily health to the body itself, throughout Christian history whenever a dissident group—the early Gnostics and Manichaeans, or the medieval Cathari, for instance—came out with the tenet that the body is an evil thing in itself, historic Christianity has strenuously condemned the innovators. Indeed, two historic Christian tenets have served to raise the dignity of the body to heights undreamed of even in the æsthetic current of Greek life. These tenets have been the resurrection of the body and the indwelling of the Holy Ghost. The classic source of the latter tenet is St. Paul's statement: "Know ye not that your bodies are members of Christ? . . . Or know ye not that your body is a temple of the Holy Spirit which is in you, which ye have from God?" (1 Cor. 6:15, 19.)

By confining our attention to this half of the evidence, it would not be difficult to establish the thesis that Christianity has exalted the body far beyond the level to which any philosophy of the world has exalted it. But omitting half the evidence is neither good history nor good science.

In view of the facts we have here briefly referred to, and only a few of the most obvious and outstanding ones have been given,³ it seems odd that intelligent and balanced and fair-minded writers should go on repeating the time-honored bromide about Christianity's contempt for the body. It is hard to decipher the rational processes, if there were any, by

³ For further details, see Lockington, *l.c.*, and art. *Body (Christian)* by Lambert, in Hastings' *Encyclopaedia of Religion and Ethics*, II. Cf. also *Body (Greek and Roman)*, *ibid.*

which the above mentioned recent contributor to the JOURNAL could have arrived at the quaint, not to say grotesque, conclusion that "they [theologians] have followed the lead of an Oriental Pharisee who felt that his body was a filthy prison for his immortal soul." The writer's reference is apparently to the words in Romans, 7:24: "Who shall deliver me out of the body of this death?" The expression "body of this death" or "body of death" is simply an idiom translated with archaic literalness into English. It does not mean "filthy" or anything remotely like "filthy." It merely means "mortal" or "perishable," with perhaps a connotation of "troublesome," "hard to control," or "sin-occasioning," in view of the context in which St. Paul speaks of the difficulties he is having in maintaining the captaincy of his own soul—difficulties which are not the peculiar monopoly of Paul of Tarsus, as any social hygienist, delinquency worker or clinical psychologist has only too good reason to know.

We turn now to Christianity's conception of the bodily impulses, especially those concerned with the reproductive instinct. The Christian ethics or moral theology with which I am more familiar would formulate the underlying facts and their synthesis about as follows:

The physical sex urge very frequently exists quite apart from the spiritual elements of love—for instance, commonly in those who frequent prostitutes. The spiritual elements of love frequently exist quite apart from the physical urge or desire for sex relations—for instance, with many, and perhaps most, unmarried girls. The physical and spiritual elements, therefore, are quite different things, although of course they tend to go together. Moreover, the physical marital relation is normally, though not universally, helpful toward reinforcing the spiritual elements in marital love. In all this I cannot see that Christian ethics or moral theology is at odds with sex science or horse-sense. I do meet, however, both in friendly discussions on the problem and in the scientific and fictional literature of sex a vast amount of dense confusion between the physical and spiritual elements of sex.

To continue: Christianity perhaps cannot feel itself called upon to burst into rhapsodies over the physical sex relation *in itself*. It would look upon it in itself as an ethically neutral physical act, like satisfying hunger, thirst, or any other bodily craving. The sex relation produces a thrill, it is true, but so does "hooch" or hasheesh. Emotional thrills do not constitute nobility.

The physical elements acquire a secondary nobility or ignobility, respectively, in accordance as they minister to the spiritual elements in marital love or to the sacrificial labors of childbearing and childrearing, or as they minister to selfish antisocial satisfactions in extramarital relationships.⁴ Christian ethics would even go much farther along the first line than purely humanistic altruism. It would hold that there is an added nobility or sacredness in the marital relation from the theological considerations that the husband and wife thereby become copartners of the Creator in the coming into being of an immortal soul, and also become trusted agents and responsible representatives of the Father of mankind in rearing this immortal being for worthy membership in the commonwealth of God as well as in the commonwealth of man.

When, therefore, I read a statement by our same contributor such as the following: "[Theologians] have adopted the perverted notions of a reformed Roman rake whose debaucheries and excesses reacted upon his spirit in such manner that he despised the human body and its noblest impulses which he himself had outraged and degraded," I cannot but wonder where the writer got his own perverted notion of the Christian attitude toward "the body and its noblest impulses." Certainly not from acquaintance with the sources. Christian educators, it is true, who may recommend the imitation of the saints do not customarily recommend beginning with the imitation of the first part of the life of Augustine of Hippo. That Augustine or the science of theology after him has despised the human body and its noblest impulses is a horse

⁴ Cf., for example, the scholastic synthesis in Thomas Aquinas, *Summa theol.*, Ia IIae, quaest. xxiv, art. II (Engl. tr., Benziger, N. Y.).

of another color. We may at least recall that it was just St. Augustine who so strenuously defended marital relations as ethical against the Manichaean fanatics of his day who wanted to brand them as sinful. It was he, too, who, in the defense of his well known thesis, *On the Good of Marriage*, quotes the familiar words of St. Paul on the body as the temple of the Holy Spirit and adds: "Therefore, the bodies also of the married are holy, so long as they keep faith to one another and to God."⁵ Augustine defended marriage as ethically good on account both of child-begetting and of "the order of love between husband and wife."

What our contributor might have said correctly is that many of the early Christian ascetic and mystic writers gave more space to the extolling of voluntary continence and chastity than to the extolling of marriage. We have to recall, however, that these writers were more commonly addressing themselves to readers who had already undertaken or were about to undertake the life of voluntary continence, not to the great masses, the 99 per cent who were living in the world. We have to recall too that much even of this "world flight" was a reaction against the glaring immoralities of a decadent civilization and against the manifold disorders and sorrows of a declining culture. At that, the outstanding representatives even of the extreme left wing of orthodox Christian asceticism did not go so far as had gone many of the ablest and sanest pagan ethical philosophers from Plato to Plotinus and Epictetus.

The concrete question we have been discussing suggests and perhaps is an integral part of a much wider problem, the relation of Christian to humanitarian ethics. Both have in common an altruistic outlook upon life and society. Both are in sharp contradiction to hedonistic and egoistic philosophies

⁵ *Nicene and Post-Nicene Fathers*, ed. Schaff (Scribner), N. Y., 1905, v. III, 405. For Augustine's whole attitude to sanctity of marriage, Cf. J. Mausbach, *Die Ethik des heiligen Augustinus* (Herder), Freiburg i.B., 1909, v. I, 318-326; O. Schilling, *Die Staats- und Soziallehre des hl. Augustinus*, *ibid.*, 1910, 191-93.

of life. Discussion between egoistic and altruistic ethicists is not possible. They speak different languages. Christian and humanitarian ethicists, however, do hold much in common so far as their ultimate ethical principles and, for that matter, so far as the greater part of their particular ethical conclusions are concerned. There is ample enough common ground to make wholehearted teamwork possible and desirable. On the other hand, there is need of mutual understanding, just as there are excellent openings for mutual misunderstanding.

For instance, the churching ceremony for mothers after childbirth is often misunderstood as implying purification. In reality it signifies or connotes absolutely nothing of the kind. It is purely and exclusively a thanksgiving rite to give gratitude to God for safe delivery. I am well aware of the long ethnic history of post-delivery rites. In accordance with a traditional policy, Christianity has taken over a non-Christian custom here and given it an entirely new meaning.

Let me give another example or two from the fringe questions of social hygiene. In both examples I shall have to speak from the standpoint of the Catholic ethicist, as not all Protestant or Jewish ethicists would agree.

Take the example of voluntary family limitation by artificial contraception. Time and again I meet the statement or inference that the Catholic ethical position on the matter is the result of drawing conclusions from scriptural texts or from other purely "theological" sources. I can only say that, making all allowances for possible rationalizations, if I had no religious convictions or "theology" at all, but were taking my ethics from purely humanitarian premises, I should still hold the view I now hold. For it seems to me that if we admit artificial contraception as ethical, we are driven inexorably in all ethical consistency to loosen and negate the ethical standards of sex all along the line.

That, however, is another story. I am not here arguing the pros or cons of birth control, nor launching any attack upon those who draw different conclusions from the same altruistic

ethical premises. I am merely pleading for a greater measure of frank discussion, and frank discussion that will recognize the fact that it is quite possible for two people or two parties to be at one on their principles but at odds on their conclusions. In this, as in many other cases, to close discussion with the casual remark that the other man is basing his conclusions on extraneous considerations is only darkening counsel in matters where we need, not darkness, but the maximum of light.

Here is another instance from our before-quoted contributor to the JOURNAL. It is the case in which the mother and child may both die unless the unborn child is killed *by direct action* as by craniotomy or other well-known methods of therapeutic abortion. The writer gives us to understand that the whole "theological" ethics of the case is determined by the necessity of baptizing the infant in order to save him from eternal damnation. Such balderdash! Just what theologians believe that unbaptized infants go to eternal damnation? I am not acquainted with a single outstanding Catholic theologian of the last seven hundred years who has held this, nor with any living Protestant theological school that does. As a matter of fact the considerations that enter into the whole discussion of the ethics of therapeutic abortion are of another order entirely. They are the ethical considerations: that the taking of innocent human life, born or unborn, is murder; that the end does not justify the means; and that in therapeutic abortion, while the end is the loftiest conceivable, the means is murder.

Therapeutic abortion is rarely indicated under competent obstetrical care. Other measures, such as caesarean section or premature delivery, are superseding it. It is becoming more and more a theoretical moot point—almost like the classic one of the two men on the raft in mid-ocean—as surgical science drives on in its magnificent progress. The ethical problem involved is highly complex and is difficult as most ethical

problems are.⁶ I have no desire to make converts to my own point of view. I doubt if we shall get very far toward unanimity by discussion. But in the name of theology and ethics and obstetrics and honesty, let it be discussed, if and when it is discussed, with knowledge of the respective ethical bases and factors involved, not on imaginary premises drawn from the Lord knows where.

The JOURNAL OF SOCIAL HYGIENE has adopted the broad and fair-minded and far-sighted policy of opening its pages, without accepting responsibility and without fear or favor, to the expression of all kinds of views, however contradictory, on both the central themes and peripheral questions of social hygiene. May that policy stand unchallenged, for we need badly an open forum conducted on a high scientific plane. My plea in the present paper is not for silence or compromise or "pussyfooting." My plea is for teamwork and mutual understanding. On the foundations and on most of the superstructure we are all agreed. There are bound to be incidental points of difference, but such points of difference are certainly compatible with teamwork and mutual good feeling. It would be a pity, to put it mildly, if with the best of intentions we should needlessly do aught to hinder the spread of the movement among sympathetic religious groups who are hovering upon its edge or to engender paralyzing dissensions within our own camp.

⁶ For a fairly full ethical discussion of therapeutic abortion, giving both sides of the question by representative spokesmen, see *The Right to Life of the Unborn Child*, by Treub, van Oppenraay, and Vlaming, tr. (Wagner), N. Y., 1903.

PSYCHOLOGY AND SOCIAL HYGIENE *

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We all agree, I suppose, that the outstanding feature of civilization at this moment is *Freedom*, and freedom is talked about for the individual and for communities as a sort of gospel; but there are many who still hold back and feel that such troubles as the venereal problem are in their present, perhaps rather acute, stage, because society has too much freedom and the individual has too much freedom. The fact of the matter is we have rather lost our heads about freedom; and freedom in itself, whether for the individual or the community, is a very worthless thing, and our politicians, and a good many psychologists, have, I think, spoilt public opinion by talking of freedom not as what it is—a means to an end—but as an end in itself.

Freedom, of course, as we all know when we think at all on the subject, whether for the individual or for the community, has no value except in so far as it leads to the individual or community finding greater value in his or their lives. In so far as freedom is largely the necessary condition of an individual finding the greatest value in his life, freedom is good; in so far as it only leads to license, it is a freedom which is of a negative value. It is the phenomenon of freedom being abused by many individuals (whether it be in public morals, alcoholism or what-not) which keeps up the reactionary tendency to say, "What is wrong with the young people of to-day is that they have too much freedom." If we once give in to that view we, or at any rate, our cause, is lost; and if we at the same time talk of freedom as being a thing which in itself has value, we

* Address given at a conference of the British Social Hygiene Council, July 10, 1925.

are missing the point. The youth of to-day are, as Stevenson would say, taking Fortune by the beard and demanding happiness as a right; and you, who are standing for a cause, have to see what you can do, not to promote social hygiene by curtailing freedom, but to adjust things to this state of freedom. And not only that, but to utilize it through your Society, and adapt its methods and its message to a community of young people who have got freedom on the brain and freedom in their hands. You and I have to see that that freedom, which can be the condition of a tremendous slackening of the moral code, a tremendous increase in venereal disease, a tremendous increase in disastrous marriages, has to be, as far as we can make it, the condition of self-realization; of a progress in the community with regard to sex and marriage that has never been attained before; for freedom is a condition of the two and, as I have said before, if once we try to regress from this conception of freedom as the conditioning factor, we instantly endanger our cause.

The generation that is constantly described as the "Victorian generation," sometimes with a suspicion of the derogatory, had certain very definite views about conduct and the attainment of right conduct by disciplinary measures; and the attainment of right conduct by self-discipline also belonged essentially to the Victorian age; and when we hear people complaining of the Victorian era, which they have some right to do, they have to be reminded of the Victorian parent, who was a person who gave himself no freedom, as well as one who believed in bringing his children up with a minimum of freedom: that much is to be said for it. All that is past and we are seeing already a generation of fathers and mothers springing up who, while they are preaching freedom for their children, are claiming freedom loudly for themselves, and are showing the utmost disinclination to exercise self-restraint for themselves. Jacks, in the "Legends of Smokeover," has an admirable slogan which runs something like this: "The business of our life is so to assert our own personality as to

help others to assert their own," and that implies indeed a very profound and challenging conception of freedom. If you talk to people who are calling out for freedom so loudly to-day, and if you really analyze what their claim to freedom means, you will find it is largely a freedom to attain what they believe to be happiness by a free expression of their own appetites and desires, and with a glorious inconsideration of the claims of others. Freedom like that is not to be corrected by discipline and authority. Freedom like that has got to go through—and I think history teaches us this—the ghastly phases of infantile social disaster, in which a new social life has to reach maturity through experiments that have been failures; and there is a great deal in the freedom of this generation, especially with regard to morals, that is of the nature of an experiment, an experiment in license and an experiment in selfishness. It is not as easy as it might be to combat that sort of freedom, because it is always claimed that the argument against it is authoritative; the tradition of the past and imitating our grandparents is said to be the one argument against it. The man who raises a word of protest against the laxity of manners and morals is told that he is Victorian, or that he is grandmotherly, or that he is behind the times. But to raise before the young people of this generation an ideal, not of freedom, but of rightly *using* their freedom, is not to be "behind the times." Our politicians have produced in the world an obsession about freedom, that it is a thing to fight for, to lay down your life for; but freedom is not, for when a person or a community has fought for this freedom, and given up everything for freedom, what are they going to do? Freedom is a condition, and it is a condition of self-annihilation or self-realization; and I do not think we need to look far over the international map to realize that there are certain communities that have bought their freedom with their blood and are using it for self-annihilation; and we do not need to look far from this building to come across individuals in the street and all around

us who have their freedom—freedom from the old Victorian methods, freedom from the chaperon, freedom to have a latch-key, and freedom to do all sorts of things that their parents, and certainly their grandparents, were not free to do; and they are using that freedom for self-annihilation and not for self-realization. Do not let us go back for a moment upon this gift of freedom. Do not let us think we are going to correct what is going on by taking away freedom. Let us realize that there is an infinitely more difficult thing to do, and that is to see that with the freedom that you give richly and ungrudgingly, there must be implanted also an ideal of self-realization so inspiring that the freedom is used as a condition of true self-realization. In all this you recognize that the conflict of life—the old conflict between the individual and society, between the present and the future, between instinctive impulse and ethical ideal—that age-long conflict is continually coming up. And how are we going to treat it? Are we going to treat it on the basis of the last generation, or are we going to give them something new, and, I suggest, something more progressive? The mothers of the last generation had a cheery way of teaching their little boys the gospel of the Cross and then ending up their lesson by saying, “If Tommy is ever as good a boy as his father I shall be quite satisfied.” It sounds an admirable attitude for any mother to adopt, but if you analyze it sufficiently it reveals just that canker which belonged to the whole Victorian era, and it is a canker that with all our talk of freedom we have not got rid of yet. If you analyze that common maternal mistake it means this: that you are to be satisfied with an ideal of conduct and a standard of behavior that belongs to the past, that has been attained. I dare say there are a great many of us who would be a great deal better than we are if we had attained to our father’s standard, but I venture to say that we would not be likely even to have attained to our father’s standard if we had had mothers who impressed upon us that in the past was to be found the complete ideal. The Victorian era was, psychologically, an ex-

traordinarily static era, and ethically it was a very complacent era. We have lost the complacency of the Victorian era; we have lost a great many more good things, for the time being, that the Victorian era had richly; but we have to be more dynamic than the Victorian era was, and, if we are going to do anything in this crusade of social hygiene, we have got to profess a thoroughly progressive ideal, a progressive ideal for the individual and a progressive ideal for society; and unless you can get this conception of a progressive ideal into the rising generation, you are not going to get very adequate results in social hygiene. I do not want to suggest that venereal disease centers, education, illuminating pamphlets, lectures, and so on, do not all count; of course they count; statistics prove it. But there is something we have to get to that is more dynamic than all that, and that is that the juvenile adult shall reach the days of sexual maturity with something in his mind—more dynamic, more irresistible, and more progressive than any previous generation has had. It is not merely a question of whether it is right or wrong. If you say conduct is right, and conduct is wrong, if you are perpetually posing as Moses coming down from the Mount with the Tables of Commandments in his hands, and losing his temper when he saw that the Children of Israel had sinned against the Lord of Hosts, you are going to get results not much better than the last generation. We have to inspire them with something quite different, for this reason: that when conflict arises in the human mind, there is an invariable tendency to rationalize. This simply means that we invent specious excuses, and specious excuses are readily found when the conflict is laid as between an individual's happiness and a categorical morality. If you are going to lay the conflict that way, you are going to give your young men and your young women ample opportunity for rationalizing. They will be able to invent endless excuses—some more specious than others—but all more or less specious, which will result in the conflict going the way that their instinctive nature demands; and the

result of that is disappointing venereal disease statistics, disappointing divorce court statistics, and the race has not got much further forward. Let us rather put the conflict on different ground; let us make an individual realize that to be instinct-driven is on the whole a low ideal to accept for oneself; let us make him realize that happiness is not a thing which is to be measured in terms of satisfaction of biological impulses; let us make him realize that, as a French writer said, "God has willed that human happiness should be, not an accident, but a moral achievement"; let us make him realize that apart from the Ten Commandments the question of the moral achievement in the way we have attained our happiness is the ultimate and fundamental question. If we make him realize these things he will perhaps begin to see that the conflict between the biological impulse and chastity is one not so simply disposed of as the average young fellow thinks. It is not merely a question of doing wrong and breaking one of the Commandments. This means very little to him nowadays because he finds it is the vogue to put God in the melting-pot and, therefore, to think the Commandments have been scrapped long ago. You have got to give a message to these people that is not only going to help them in their conflict, but to help them to find a God for themselves; because when we talk of freedom, one tremendous aspect is implied—freedom from all authoritative religion. Therefore, I say we have to give them a message that will not only help them to keep continent, but will help them to find their God.

We hear a great deal from my colleagues, the psychoanalysts, about the danger of repression, and a great deal that we hear is, if I may say so quite frankly, nonsense; it is not all nonsense, but a great deal of it is—it is nonsense whenever the difference between self-restraint and repression is not made sufficiently clear. Self-restraint is one thing and repression is another. Self-restraint means you fight the battle and you know what you are doing; it is a battle out in the open and you know who your enemy is and you know where

he is and you know all about it. But repression is a perfectly different thing, it is like a revolution. It is an indefinable menace which you tend to meet by saying, "All is well; all is well!" The Czar Nicholas gave a magnificent example of repression. He continued to consider all was well in his kingdom until the whole thing went up in a flash. He didn't see, and *wouldn't see*, the enemy within that was threatening him. It is the same with us. Repression is when we refuse to see the enemy within us. There are pure young men and saintly old ladies alike who take up this attitude of repression, who deny that their biological impulses have ever given them any trouble, and who feel that there is something terribly derogatory to their spiritual status in admitting that they have ever had a pitched battle between the biological impulse and the ethical ideal.

When we talk of Freedom to-day we have to realize that there is great freedom of conversation; we have to accept that, whether we like it or not; and we have to realize that it is no good beating about the bush nowadays, because these methods no longer appeal. We have to be extremely plain-spoken, because with this new craze for freedom people are demanding that we should speak freely. Very well; let us speak freely. Let us say that the conflict between the biological impulse and the ideal of chastity is one which cannot possibly be successfully coped with unless it be an open pitched battle. If it is all done on the underground principle, on the principle of refusing to acknowledge that it is there, on the principle of keeping up one's ego fantasy, and thinking "What a pure young man am I," by saying, "I never have any of these impure thoughts," we are certainly going to lead not, perhaps, to the sort of disease that this society copes with, but to the sort of disease that comes to my side of the medical profession from the results of repression—neurosis. At present, when you talk about continence to any moderately enlightened audience, you will find that they know all about the sort of cheap jargon borrowed from the psychoanalyst, and that they

are at once going to tackle you with the question of the tremendous multiplication of nervous diseases owing to sex repression. Cut them out at once, and tell them you never asked them to repress themselves. You asked them to consider whether they were going to restrain their animal impulse in a cause and, if so, in what cause, and was it in a cause that they permanently felt was worth while.

I have come across, as you can guess, pretty dreadful examples of what happens when people claim freedom. I had once, not so long ago, a middle-aged woman, about 44, extraordinarily handsome, a magnificent creature—a German Jewess—and she was very sorry for herself. As a matter of fact, she was first sent to me because she had rung her doctor at 3 a.m. to tell him she was very miserable and was going to commit suicide at once, and would he please come around. The doctor said he was sorry he couldn't come because he was busy sleeping and he would give her a letter to me the next morning. She came to me, and a large part of the first interview was taken up with attributing her nervous breakdowns to her upbringing. Her father had been a Jew and her mother a Christian, German, of course. They had always disagreed, and at an early stage of the proceedings her father had become openly unfaithful to her mother. She, as a small girl, had realized the situation; she had realized that her father's cruelty consisted largely in his putting his mistress before the mother, and so on; that was the first interview. In the second interview it came to light that she was thoroughly unhappy in her married life, or shall we call it "dissatisfied" with her married life, and that for eleven years she had had a liaison with a bachelor friend of her husband, and that meant everything to her, so she said. (I had an opportunity of proving afterwards that it had not.) He had died recently and she was left alone with her husband and her family. She was extraordinarily sorry for herself, and because of this disaster she had proposed the course I have referred to. The third time I saw her she came, considerably upset, with a letter

which had just come from her young daughter, aged 18. Having been brought up with most magnificent ideals of freedom, she had gone abroad, and had got considerably tied up with various men, and had described the situation with great frankness to her mother. The mother said: "I am so upset. I have written her a letter and I have told her what I think about it." Here we had three generations and here we had the extraordinary incapacity of the human mind to think straight or to learn from experience. You would think that a woman, who at an early age had realized that all the happiness in life can be blasted by this ready acceptance of instinctive impulses, would surely, when she herself came to marry, realize that monogamy was the one path to permanent happiness for all concerned. And if that person had not learned that lesson, and if that person had failed to live up to the monogamic ideal, one would really think that when she came to deal with the daughter she had brought up in this way, she would at any rate have learned the lesson of tolerance; but not even that. I suppose that is a very common story I have told you; that is the sort of stories at the back of doctors being rung up at three in the morning. It is a story of the extraordinary capacity of the human mind for rationalizing, for making specious excuses to justify the "instinctive impulse" course of action.

Here is another story. This is of a man belonging to a very old titled family, and this man had one son only, a weed of a boy. He came to me and said, "I am awfully worried about Tommy; he is only 17, and I think he is going to hell altogether. He has got hold of some dreadful barmaid of a woman, and motors all over the country with her, and he won't listen to me." I said, "Have you spoken to him?" He answered, "He won't listen to me or to his mother, but he has got a great opinion of you; I wish you would try and tackle him." What an awful confession for a father to make, to say to a doctor that his son would listen to him rather than to his father! I said I would tackle him, and when I saw the boy I

asked, "What is it all about, Tommy?" Tommy said, "I picked up an awfully pretty girl, and we have been having a most topping motor tour all over the country." Then we discussed the matter, with as much detachment as possible, but he got suspicious and said, "Look here, doctor! the governor has sent you to me; you go back to the governor and tell him to go to hell, and tell him that he knows perfectly well, and he knows that I know perfectly well, that I am only doing what he did and what his father did before him, only not so much." A pleasant errand to send a doctor on! If some of these people saw the results of the freedom that leads to license, they would feel pretty depressed about it.

I want to tell you, in closing, just one story of a totally different character, and this I want to tell you because it is important, though you may not see the importance of it at first. It is of a man of 36 who was a very brilliant artist. He was a Roman Catholic, or an Anglo-Catholic—I am not quite sure he knew which himself. Talking on religious matters with him I had said that the race was marching on, and whether it marched on to spiritual maturity depended upon the spiritual contribution of each one of us. He said, "I can't understand those views of yours at all; I do not hold with them. The fact of the matter is this: If a person does not hold my faith, it doesn't really matter to me what they do with their lives." I said, "But if you hear of an illegitimate baby being born, don't you feel a sort of regret that something has happened that is not going to make for social evolution; that a life has been brought into the world under auspices that are not fair to it; that somebody has given way to instinctive impulse instead of following the ethical ideal of monogamy?" He replied, "I have no feelings at all on the subject until I know whether they hold my own faith, *because* unless a person really has the same feeling working in his heart for purity that I feel, I see no reason why he should be pure."

That sounds nonsense to us, yet it is perfectly true, and it was a very brilliant man who said it. He said it perfectly

sincerely and, if I may say so, it was a perfectly logical attitude to take. Probably you and I—I haven't the least idea what your religious views are, or you what mine are—would never have expressed such a sentiment. But if we are going to approach the question of sex morality from the point of view that our own particular presentation of Christianity is the thing that matters most, well if somebody has gone wrong we will say, "Fortunately, it is a Nonconformist, so it doesn't matter much"; or, "Fortunately, he belongs to the Anglicans, and therefore it doesn't matter"; or, "Fortunately, he is a Roman Catholic, or a Jew." If we are going to approach it with any of that sort of feeling about us we are going to weaken our message; you see all around you the miserable results of denominationalism and sectarianism of one form or another. In this task of ours let us at any rate see that the gospel that we are preaching is one which can cover every denomination that is willing to come in with it; it must not be placed upon any sort of narrow religious basis at all; and don't let us think that we are in any way weakening the cause of religion if we do not continually claim progress in the name of Christianity. I know that there are a great many good people who feel that we ought always to be saying that and making every challenge in the name of Christianity. Now don't! I think if we could put this business of social hygiene to the rising generation in just the right way, we would find that the Christian churches would get an enormous influx of vitality; but if we are going to do it by specializing on one denomination, if we are going to say to the young people, "We want you to keep straight because you mustn't disgrace that Salvation Army badge you are wearing," if we are going to do it that way we are going to get at it from the wrong end, and once more we are going to make it easy for them to rationalize. Therefore, I say, do let us present this whole question to them on a basis of progressive evolutionary idealism, because I believe that is the only basis that is going to be strong enough to be effective.

GUARDING THE NATION'S HEALTH *

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The presentation of a paper before this Conference on so broad a subject as *Guarding the Nation's Health*, leads one very naturally toward the discussion of the protection of national health from that point of view which is appropriate to the interests and activities of those who form this audience. For this reason, this paper might more properly be called *Progress in Venereal Disease Control*.

It has been nearly eight years since Congress formally committed the Federal Government to the public health policy of venereal disease control by creating in its Public Health Service a Division of Venereal Diseases. Although the pressure of war is usually assigned as the immediate cause for this commitment, the public health problems arising from the ravages of syphilis and gonorrhea have for many years past received the thoughtful attention of the health forces of this and other countries. As early as 1875, the annual report of the United States Marine Hospital Service proposed a plan for the examination, treatment, and quarantine of all persons who continue to spread venereal diseases. "The machinery," the report states, "necessary for practically carrying such regulations into effect in a great measure already exists: Our quarantine officers can exclude its foreign importation; the Marine Hospital Service can prevent its ravaging our out-going vessels; and our sanitary boards can combat it at home by being placed in charge of the free dispensaries, giving them plenary power to arrest and detain in hospitals those who continue to spread the disease." The

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report ends with the question: "If smallpox can be quarantined against, why not syphilis?"

This is not the occasion perhaps to consider the reasons for the long delay in bringing the venereal diseases squarely within the scope of public health activity. Unquestionably the principal deterrent has been the popular misconception concerning the true nature of these diseases as typified by such phrases as "diseases of vice," "bad disease," and "moral leprosy." That the venereal diseases exercised a moral function, that they were just penalties for folly or vice, was a notion that altogether too long retarded an intelligent consideration of the strictly health side of the problem. Counteracting this social prejudice were the fortunate and remarkable advances made during the first decade of the present century in the diagnosis and treatment of syphilis. In this brief span of years the Wassermann test was developed, the microörganism identified, and the efficacy of salvarsan in treatment demonstrated. No longer could the blind forces of prejudice and ignorance resist the demonstrable truths of science. Being transmissible germ diseases subject to prevention and control, gonorrhea and syphilis were by law in a number of states made reportable along with other contagious and communicable infections. Then with the nation's advent into war came the general awakening for which the public health forces had been waiting. Congress made liberal appropriations for the protection of the armed forces from venereal infection, for the European experience had demonstrated that these diseases were the principal cause of disability among the troops. And in addition to instituting measures for safeguarding the soldiers and sailors from infection, Congress at the same time entrusted to the Public Health Service the duty of carrying out certain policies with a view to organizing throughout the states a definite, permanent offensive against these diseases.

The duties entrusted to the Public Health Service are (1) to study and investigate the cause, treatment, and pre-

vention of venereal diseases; (2) to coöperate with state departments of health for the prevention and control of such diseases within the states; and (3) to control and prevent the spread of these diseases in interstate traffic.

It will be observed that the first duty, that of making investigations into the cause, treatment, and prevention of these diseases, is a matter of study and research and in purpose is not unlike other sanitary efforts to which the federal service has given its attention.

The second duty, that of coöperating with state departments of health, gives the key to the administrative functions of the Public Health Service. Without this function, the Public Health Service activity would necessarily be restricted to matters directly growing out of or affecting interstate or foreign commerce, for beyond these the Federal Government has no authority, and any attempt, no matter how altruistically conceived, to trespass upon a state's right and power to control its purely internal or intrastate affairs with respect to health would be plain usurpation of power. This simple truth cannot be stressed too often in this day when there are tendencies in evidence everywhere to disregard the principle of local responsibility and state autonomy. The states have never made a grant of power to the Federal Government to control or regulate in the interest of the public health within the state, and as a result of the state's acknowledged supremacy in health matters, the Federal Government through the Public Health Service, or any other federal agency for that matter, should never undertake to function, directly or indirectly, within a state relative to matters of purely intrastate concern except in closest coöperation with the state departments of health and always under their supervision and auspices. Insistence upon this point may appear to be an instance of oversensitiveness on an administrative matter, but experience has taught that any other policy is both imprudent and ineffective.

The third duty, to control and prevent the spread of these

diseases in interstate traffic is, of course, one peculiarly within the province of the Federal Government. The machinery, however, for carrying this duty into effect is not under the immediate control of the Public Health Service, and hence its part has simply been to point out the necessary procedure in controlling venereally diseased persons engaging in interstate traffic. As a matter of record, it may be said that very few persons have been prosecuted under this authority. The principal value of the law and regulations is that their application at the time of a real menacing situation has a salutary effect upon others who may be inclined to ignore or defy local or state health authority.

The purpose of this brief review of the Public Health Service authority as defined by law has been to indicate that it must of necessity function within definitely prescribed limits and that it must direct its activity in harmony with the state departments of health who under our form of government are charged primarily and if they choose, exclusively, with the business of protecting and preserving the public health within their respective jurisdictions except as to matters relating to interstate or foreign commerce.

From the inception of the official venereal disease control program there has been in vogue a classification of measures into medical, legal, and educational. In some respects this somewhat arbitrary labeling of measures and their assignment to fixed categories has at times had a tendency to obscure rather than to sharpen the real objectives of venereal disease control. The present tendency, so far as the Public Health Service and the state departments are concerned, is to break away from the rigidity of this original classification and to organize the work in terms of special projects, each of which may have medical, educational, and legal, as well as social or economic aspects. For example, the establishment of a clinic, although essentially a medical measure, depends for its efficient management upon support from practically every agency of government—judicial and legal, fiscal, health, and police,

as well as assistance from the social agencies in the community.

In reporting on the educational activities of the program, attention is first invited to what is commonly designated as sex education. Although there is an evident tendency everywhere to regard sex education as a part of the larger field of character education and therefore its development as a task for educators rather than health officers, the Public Health Service and the state boards of health continue to regard this work of sufficient relevancy to venereal disease control to justify certain special projects. Among these may be listed the preparation and distribution of bulletins and pamphlet material for teachers and parents indicating how information regarding sex and reproduction may be imparted to boys and girls with a view to giving a wholesome and intelligent attitude toward life processes. It is believed that if young people of both sexes can be impressed with the dignity and true significance of sex, sordid and promiscuous experiences will tend to lessen and thus decrease the possible exposures to venereal disease. In time it is hoped that this entire movement may be completely transferred to the educational forces in the community, for it is obviously their task. But in the meantime the health agencies must continue to stress certain facts which have a hygienic as well as a conduct aspect. In this work, generous use has been made of motion pictures. The Public Health Service supervised the preparation of a 12-reel motion picture, entitled *The Science of Life*. Last year this film was shown to approximately one-half million persons, principally high school and college students, under the auspices of the state health departments. More than a million pamphlets were distributed jointly by the state boards of health and the Public Health Service and many hundred exhibit showings were reported. The exhibits include those for boys and girls under the titles of *Keeping Fit and Youth and Life* respectively, and the one adapted for adults bears the name of *The Venereal Disease Menace*. This work is

further supplemented by lecturers speaking before women's organizations, luncheon clubs, and similar civic groups. Let it be observed again that those giving the lectures even though identified with the Public Health Service when appearing locally always speak under the auspices of local or state health authority. The Public Health Service approves and endorses this type of educational activity and willingly lends its available resources to the states which seek such assistance in the execution of their own program.

In addition to materials dealing more exclusively with the subject matter of sex education, the Public Health Service is now issuing two publications, *Venereal Disease Information* and *Social Pathology*. *Venereal Disease Information* is primarily for the medical profession and others who have a somewhat technical interest in the diagnosis, treatment, and control of gonorrhea and syphilis. This monthly periodical contains digests and abstracts from all the important medical and public health journals throughout the world and is thus an invaluable aid to those who are seeking to give the best possible service in the care of these infections. The other bulletin, *Social Pathology*, circulates primarily among lay groups interested in the social implications of the problem. The Service can report that the response from social agencies as evidenced by their interest in *Social Pathology* is indeed gratifying and may in reason be taken as indicating that the large group comprising our delinquent and dependent classes, among whom the venereal disease rate has always been high, will receive a larger share of intelligent interest and attention.

The legal measures which are customarily identified with the venereal diseases are those which aim at the repression of prostitution, chief among these being so-called red-light injunction and abatement laws which seek to apply the familiar principles of equity as related to nuisances, to houses of prostitution. These houses are now considered health nuisances as well as nuisances violative of the public peace and good morals, and as a consequence the use of the injunc-

tion against these resorts is viewed primarily as a health measure. No serious fault can be found with this attitude so long as the other forces in the community, particularly those charged with preserving the peace, continue to realize that the control of the venereal diseases is but one aspect of repressing prostitution and that it is both unwise and unfair to convert the health officer into a vice crusader. In fact, as prostitution tends to become more and more clandestine, the injunctive process becomes less and less effective, and then the only method open to the health officer is to consider the prostitute and her associates as venereal disease carriers. It then becomes his duty to examine these suspected carriers and if found infected to place them in quarantine so long as they are a menace to the public health. This policy of treatment and quarantine, so far as promiscuous carriers are concerned, regardless of sex, is one that should commend itself to all who realize that problems of individual maladjustment, whether complicated by venereal infection or not, cannot be solved by giving the victim his day in court, but that a careful and painstaking effort with individual cases covering weeks and perhaps months is necessary in order to restore these social cripples to a semblance of balance and responsible behavior. This period of quarantine, justified legally as a public health measure, affords social agencies the opportunity of attempting an adjustment in the life of the infected person, which will give society some measure of future protection from these individuals.

In the organized program directed at the prevention and control of the venereal diseases, the medical measures have always been considered as representing the practical side of the movement. At first sight these measures seem to be primarily directed at the infected or exposed individual, and uncritical judgment has too often seen nothing but an unmerited concern for those suffering from their own folly. But fortunately the public now sees more clearly that *every* case of syphilis or gonorrhea, regardless of origin, is a menace to

other persons and that in consequence there is a public duty resting upon the health officer to bring every known or reasonably suspected case of infection under control, preferably voluntary control if the patient is coöperative and senses his responsibility to others, but the careless, indifferent, and unscrupulous person should be controlled even to the extent of absolute quarantine if the interests of the public health demand. That a health officer has this authority has been definitely settled by a long line of court decisions sustaining health officers who have undertaken to isolate and quarantine infected persons, whether male or female, whose conduct is or is reasonably likely to be inimical to the health of others.

One of the encouraging signs of progress in venereal disease control is the attitude and coöperation of the medical profession in the matter of reporting. The practice employed by most of the states is to require a report by case number only unless or until the case is one calling for the intervention of the health officer in order to protect the health of others. The year 1924 marked the highest point thus far reached in case reporting.

Another source of encouragement is the growing appreciation of the function of clinics in a community's venereal disease control program. During the year 1924 more than 500 clinics treating venereal diseases reported to the state boards of health. That these clinics occupy a strategic place in this work is attested by the attitude of state venereal disease control officers who at a recent meeting resolved that:

Clinic directors should strive at all times for hearty coöperation with the medical profession, civil authorities, and social agencies in the conduct of all phases of venereal disease control.

The establishment of social service in a venereal disease clinic is regarded as fundamental. This can be accomplished by either a full-time social worker in the larger clinics or by the clinic nurse.

Finding the sources of infection and getting patients to the clinic and treated, rendering them no longer a danger to the community, form a most important public health function of a clinic.

Follow-up work of the lapsed and incorrigible cases, combined with an intimate knowledge of the official and unofficial agencies available in the community, form some of the obvious duties of a social service worker.

Another phase of medical preventive work receiving increasingly more attention is the prenatal treatment of women as prophylaxis against the transmission of luetic infection to offspring. It has been satisfactorily demonstrated that the proper treatment of prospective mothers found syphilitic will prevent many miscarriages and stillbirths and will, in large measure, insure the birth of clinically healthy children. There is, of course, no more deserving effort than one seeking to relieve the innocent from an impaired and defective inheritance.

So far as the Public Health Service is concerned, attention has been confined to the Division of Venereal Diseases, which is, of course, that part of our organization directly charged with this responsibility. Indirectly there are other activities of the Service which play a not unimportant part in this matter. For example, in the medical inspection of immigrants, under the law, persons infected with venereal disease are excluded or deported. Through its Hospital Division also, this Service comes into clinical contact with many thousands of cases of venereal disease. This is a problem, therefore, which touches us at many points.

From this brief résumé of the methods and measures employed by the official health agencies, it should be evident that the prevention of venereal diseases is now definitely established as a public health project. This is, in itself, a significant achievement in view of the obstacles that once stood in the way of an enlightened policy, and it is the best index perhaps of the progress that the past few years have recorded in the fight against this ancient menace. The task is just begun, and each year marks the enlistment of new forces. It is particularly gratifying to observe the interest

which women's organizations are manifesting. As parents, as tax payers, and as voters, they can exert tremendous influence in the shaping of intelligent community action.

No problem touching the question of social betterment is free from the complication of the venereal diseases. Since these complications cannot be ignored, it becomes the duty of all intelligent men and women to assist in the fight to which the Federal Government, the states, the counties, and municipalities are by law committed.

It is highly important to note that many volunteer agencies, like the American Social Hygiene Association, are devoting their resources and facilities to this problem. On this particular occasion, it is a pleasure to observe the results of happy coöperation between volunteer and official agencies. The struggle against venereal disease in the interest of racial health and social well being stands as one of the remarkable developments of the present century.

EDITORIALS

A MOTION PICTURE APPRAISAL

Judging by the financial returns to local owners of "movie" houses, the public wants clean and interesting pictures, and it is willing to pay well for them. A poll of managers of motion picture theaters throughout the country was taken in order to learn what pictures during 1925 were the biggest money makers. The results will go far toward allaying the fears of those who believe that, to "give the public what it wants," the magnates of the film industry must emphasize sex in its most unpleasant, unworthy, and unethical aspects.

The picture which attracted more money to the coffers than any other was *The Ten Commandments*, and with it, among the first five in point of financial returns, were *The Covered Wagon* and *The Thundering Herd*. Harold Lloyd comedies

also rated high, three of them being named among the top twenty-five on the list. Other outstanding winners in point of financial returns were *Don Q*, *The Sea Hawk*, *Charley's Aunt*, *The Hunchback of Notre Dame*, and *Peter Pan*. The authors who figured most prominently were Zane Grey, the late Emerson Hough, Sabatini, Barrie, and others of standing in the literary field. Most encouraging of all was the fact that few if any of the pictures voted as the 100 most profitable were of the type which have been characterized as "sex stuff," and have brought forth so much just criticism from educators, parent-teacher organizations, members of the clergy, and others interested in public welfare.

The poll would seem to indicate that the great "movie"-loving public has been maligned by the exploiters of cheap and tawdry films and that (in so far as it is possible to generalize) what "the public" really wants are the adventurous "Westerns" of Gray and Hough, the swashbuckling of Sabatini, the charming and whimsical imagery of Barrie, the clean-cut comedies of Lloyd, and their like.

If, in addition to these, we include the graphic news reels which some companies are producing, the wonderful travel epics, and the excellent science and nature-study films which are being more frequently programmed, it would seem that there are many causes for optimism in the cinema field.

As particularly notable achievements in the helpful educational use of the motion picture camera, one need mention only two of the recent films—the pictured story of the Beebe expedition on the "Arcturus," and the inspiring portrayal of Amundsen's aerial explorations in polar regions. In the sagas of heroic search this latter deserves to rank with the valiant efforts of the immortal Scott and his companions on their South Pole expedition. Those who have read Barrie's little address, *Courage*, will appreciate the measure of praise here intended.

THE AMERICAN HEALTH CONGRESS

The progress of public health will be described and visualized in Atlantic City when the American Health Congress is held there, May 17-22, 1926. Sponsored by the National Health Council and its constituent organizations, this gathering of health forces promises to be one of the greatest ever held, both from the standpoint of numbers in attendance and quality of program.

Four notable general sessions are scheduled during the week, and, for these, the entire Congress membership will assemble. The remainder of the time will be occupied largely by meetings of the many organizations making up the National Health Council, and the American Social Hygiene Association is planning a program which will be of decided interest and value to all persons working directly or indirectly in the social hygiene field.

Pageants, demonstrations, and exhibits will add further attractiveness and value to the schedule of events for the eight to ten thousand health and social workers who, it is estimated, will attend. Special round trip tickets at the rate of one and one-half times the regular fares will be available to Association members, and a folder giving further information regarding travel and hotel rates is now ready.

Plan, now, for *your* attendance at this Congress.

SOCIAL HYGIENE BULLETIN

*Continuing the SOCIAL HYGIENE BULLETIN which was published
as a separate monthly periodical from 1914 to
December, 1922, Volumes I-IX*

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Gift to Further Social Hygiene.—The trustees of the Bureau of Social Hygiene have announced to the University of Minnesota and the Women's Coöperative Alliance a gift of \$51,250 to be used for a five-year program by the University in coöperation with the Women's Coöperative Alliance so as to capitalize the extensive work already done by this organization in its program of social hygiene. The contribution of the Bureau of Social Hygiene is to be supplemented by one which the Women's Coöperative Alliance is putting into the service for the benefit, largely, of the people of Minneapolis. The plan is to make careful analysis and interpretation of the materials already accumulated by the organization, and those to be accumulated, in its personal interviews with mothers in house-to-house work. The program will involve three distinct aspects, the first primarily research, over a period of probably two years; the second, the application of this research to the training of parent advisers and the collection of information from mothers interested in contributing their experience with their own children; third, a training school for parent advisers to be conducted on such a scale as to attract social hygiene workers from other cities. During the first three years, a study will be made of the methods and materials used in the past, and an evaluation of the results will be attempted. At the same time a supervisor and field worker will continue to visit homes to confer with mothers in reference to the best materials and technique

to be used in promoting a broader understanding of the whole subject of social hygiene. It is expected that this will result in a report of lasting value to all social hygiene workers.

Resolutions Passed at Washington Institute.—The social hygiene institute for parents and teachers which was held in Washington, D. C., October 20–22, 1925, under the auspices of the Social Hygiene Society of the District of Columbia prompted the following resolutions passed by the representatives of the Parent-Teacher Association of Washington:

We, the representatives of the Parent-Teacher Associations of Washington, D. C., desire to express our appreciation of the opportunity given us to hear the lectures given under the auspices of the District of Columbia Social Hygiene Society and the public school authorities. We have been so impressed with the value of the subject as presented, that we desire to petition the school authorities to continue the work so splendidly begun.

We approve of the education of the parents and teachers first, and the creation of a favorable attitude of mind on the part of the public, before its presentation to the children.

We endorse the method of presentation of the subject by the representatives of the American Social Hygiene Association. We petition the school authorities to proceed carefully to develop for our children a method of presentation of this subject which we can endorse as heartily.

Second Imperial Social Hygiene Congress.—The Imperial Social Hygiene Congress, organized by the British Social Hygiene Council, was held for the second time at the British Empire Exhibition at Wembley, England, October 5–7, 1925. Sir Auckland Geddes presided, and the Rt. Hon. L. S. Amery, Secretary of State for the Dominions and for the Colonies, delivered the opening address. The Congress was attended by governmental delegates, and fourteen universities and forty-nine organizations from all parts of the Empire also sent delegates. This year's conference was of particular interest owing to the fact that it was the first to take place since the name of the National Council for Combating Venereal Diseases was changed to the British Social Hygiene Council, and it was evidenced at the conference that the new title with all that it implies was a welcome change. The full proceedings of the Congress are being published in volume form and applications for copies should be made to the British Social Hygiene Council.

"The House That Health Built."—How a community raised its standards of health administration and gave a 100 per cent increase in health service at an additional expense of but 34 per cent over the pre-Health Center period is recorded in the report of the first three years' work, September 1, 1921, to August 31, 1924, of the East Harlem Health Center, where an experiment in coördinating health and family welfare work in a defined city area is being conducted by the New York City Department of Health and twenty-two coöperating agencies working under the auspices of the American Red Cross. The report outlines the steps from the time when the American Red Cross conceived the idea of bringing together all the health and welfare agencies of a selected city district into a single headquarters to join in a systematic plan of health work in order to give increased and more efficient service to that community. A summary of the three years' progress in this experiment shows that local health work has more than doubled; that Health Center service has expanded from 101,194 services in the first year, to 143,731 services in the second year, to 171,730 services in the third year; that a 23 per cent decrease in the death rate is recorded for the East Harlem district from 1921 to 1923 as against a 20 per cent decrease in the death rate for New York City as a whole; that six new health clinics and various other sources have been established to fill the gaps in health work that centralization made obvious; that a program of lectures, classes, exhibits, and special projects has been adopted which resulted in some 193,055 contacts with East Harlem residents outside of patients' visits to clinics or workers' visits to homes for definite health service; and that additional health and other needs of the community have been made clear as a result of intensive work. Further development of maternity and infant welfare service, an attack on the problems of social and mental hygiene, and further coördination of effort particularly challenge the united group of agencies.

The American Social Hygiene Association as one of the coöperating agencies has contributed posters, films, exhibits, and lectures on social hygiene as well as a large number of educational pamphlets for free distribution. In addition, the Association has shared with other groups the responsibility for a number of the Center's budget items.

Antisyphilis Dispensary at Creil.—An article in the October 24th issue of the *Journal of the American Medical Association* states that the

Ligue Nationale Française Contre le Péril Vénérien, which comprises practically all of the syphilologists in the country, is putting forth every effort to suppress syphilis in France. The league recently opened at Creil a dispensary, which is the first of a series to be established. A percentage of the necessary funds are provided by the central government and the remainder by the municipalities, the administrations, and certain groups and private individuals. At Creil, Baron and Baroness R. de Rothschild have offered a wing of an ancient castle for the dispensary, and have erected a laboratory as an annex. In addition, they have agreed to furnish light, water, a nurse, and a housekeeper. The manufacturers of the region have consented to pay, toward an annual subvention fund of 15,000 francs, two francs for each workman in their employ. This fund will cover the operating expenses of the dispensary, which is to serve this industrial center. With the aid received from private sources it has been possible to equip and open the dispensary at Creil without requesting funds from the central government, the department of Oise or the city. In the same building there is a consultation center on infant care and adjoining it is a dispensary for respiratory diseases, so patients may visit the antisiphilis dispensary without arousing the suspicion of their acquaintances. The only patients received at the dispensaries of the league are either indigent or are referred by their physicians, and the dispensary is widely used by local practitioners for the establishment of diagnoses, for laboratory examinations, and as a source of therapeutic information.

Distribution of Salacious Literature.—Frank R. Kent, for many years the Washington correspondent of the *Baltimore Sun*, recently made a trip across the United States and back again with the single idea of trying to discover what is in the minds of the people. He made what he believes to be two significant observations: "First, the completeness with which all liberal thought has vanished, the astounding degree to which the country has become conservatized, and the stronghold of the Coolidge propaganda on all classes of society, whether rich or poor. Secondly, the truly extraordinary extent to which the country is drenched with smut by the steadily increasing stream of pornographic periodicals and dirty fiction magazines." In an article in *The Independent*, June 20, 1925, he deals with his second observation, while the first is analyzed in the following week's issue.

The output of this literature has been increasing steadily during the past five years although the real spread has occurred within the last twenty-four months, writes Mr. Kent, who has found that it is not the cheap and sexually suggestive fiction magazines which constitute the flood of literary indecency so much as the smaller and more compact nonfiction publications which are frankly and exclusively given over to obscenities. Some of these are published in Chicago, some in Philadelphia, but most of them in Newark, New Jersey, where they are issued by the same individuals under different corporate names and are sent out to the dealers by express, as they carry no advertising and thus avoid the mails. The candid news dealer will say that not only is the demand for this sexual literature enormous but that there is no such thing as oversatisfying it. That is why there have been 18 new periodicals launched in the past three months. As fast as one is successfully established, another with only a different name and a different cover is sent out and is equally successful with the same clientele.

Mr. Kent observed that the place in which this literature appears to be most conspicuous is in the smaller cities and towns with populations ranging from 20,000 up to 100,000, and he cites one town where a news dealer sells 2200 copies of every issue of a single monthly exclusively devoted to stories of sex experiences and the nude in art, and another where, out of 110 periodicals on sale in a single store, 60 were either entirely of a prurient type or bordered on the libidinous line. Although he offers no particular solution to the problem, Mr. Kent deeply deplores the present situation and believes that if this phenomenal spread of pornography is continued here unchecked it can truthfully be inferred that the Americans, as a whole, are a "dirty-minded people steeped in dirty literature."

Resolutions Adopted by the Woman's Christian Temperance Union.

—The original Declaration of Principles of the Woman's Christian Temperance Union included Prohibition, Purity, and Peace. At their fifty-first annual convention, which was held in Detroit, Michigan, November 11–19, 1925, the following was declared as their present relation to Purity:

The moral soundness of the nation inheres in the high ideals of personal character of its men and women and the homes which they make. We declare our belief in the importance of impressing upon parents, teachers, and community leaders, their responsibility in training young people to such ideals.

We pledge ourselves to continued vigilance in the suppression of all forms of commercialized vice since they tend to physical and moral degradation and are a menace to family life and parenthood.

Brazilian Foundation Combats the Venereal Diseases.—The Gaffrée-Guinle Foundation of Rio de Janeiro, Brazil, with the coöperation of the Health Department of the Federal Government of Brazil, is instituting a large and valuable piece of work in connection with the control of the venereal diseases. Ground covering 18,000 square meters has been purchased and the construction of a hospital of 300 beds for venereal disease cases is now under way in the central part of Rio de Janeiro. The principal building is well up, and in a short time the Institute for Research, chapel, laundry, supply stores, and additional buildings will be erected. This hospital, which is designed exclusively for treatment of the venereal diseases, will have the best and newest equipment for diagnosis, treatment, and study of these diseases in all stages. The large maternity wards and nurseries will be arranged so as to facilitate the study of syphilis in pregnant women and the postnatal care of their children. Special sections of the hospital will be devoted exclusively to prostitutes; to private and semi-private rooms, with attractive independent gardens; to the specialized services, such as ophthalmology, ear, nose and throat, internal medicine, neurology, gynecology, electrotherapy, hydrotherapy, X-ray, and a complete installation of physical therapeutics; and to ambulatory service for cases not requiring hospitalization.

The Institute of Research, which will be used by specialized physicians of Brazil and other countries, will have every modern apparatus for the study of syphilis. The work will be carried on under independent departments of serology, bacteriology, pathology, physiology, experimental therapeutics, and chemistry. All drugs used by the Foundation dispensaries and by the hospital will be manufactured in the Institute.

In September, 1923, an agreement was made whereby this work should be a joint service with the Federal Government. Since 1921, the Government has maintained ten venereal dispensaries in different parts of the city, and to-day there are thirteen such dispensaries, each meeting the needs of the poor and operating from two to eight hours a day as necessity demands. Under the Guinle Foundation six of these dispensaries were recently given new quarters with interiors of white tile, separate waiting and treatment rooms for men and women,

every modern convenience, and the latest devices for diagnosis and treatment. It is expected that the remaining seven dispensaries will soon be housed in new buildings, as their present quarters are not large enough to supply the demand.

Dispensaries *Pro-Matre* (No. 3) and *Maternidade* (No. 11), which treat women only, coöperate with Rio de Janeiro's two maternity hospitals, which together have 159 maternity beds. Each hospital applicant is given a routine Wassermann examination, thus affording the opportunity of treating all pregnant women during the prenatal stage. As part of the postnatal service, routine (umbilical) Wassermann tests are made on all newborn babies, again protecting the offspring.

Engenho de Dentro (No. 2) and *Batafogo* (No. 4) are operated in connection with Rio de Janeiro's two insane hospitals with 1727 beds. A special study of nerve syphilis is made and a general service is also maintained.

Gavea (No. 6) is situated in the suburbs in the center of cotton factories and other manufacturing plants.

Andaraí (No. 5) is also in a suburban district and maintains a general service.

Paulo de Frontin (No. 1) is in the heart of the city, and shortly after it was established the number of patients exceeded the capacity of the building. In ten months 173,713 consultations have been held in this dispensary alone.

Special mention should be made of the prostitute service maintained jointly by the National Department of Public Health and the Gaffrée-Guinle Foundation. Mrs. Bertie M. Rice of the American Nursing Mission and chief nurse of the Venereal Division, with only a limited staff, registers the women, visits the houses to secure new patients, and guards and educates those who are under treatment. Thirty-six streets with 395 registered houses are given over to prostitutes. Of the 1804 prostitutes, 585 are registered at the dispensary and taking treatment.

Statistics regarding patients matriculated in the various venereal dispensaries for a period covering sixteen months are as follows:

	Number
Cases of gonorrhea, soft chancre, syphilis.....	29,949
Laboratory examinations	44,129
Injections:	
Neosalvarsan	74,602
Mercury	242,541
Sodium iodide	9,206
Miscellaneous	19,145
Total	345,494
Prescriptions furnished	32,295

The expenditure for these clinics approximated \$810,000.00 United States currency, all of it being borne by the Brazilian Government and the Gaffrée-Guinle Foundation.

In addition, the Foundation has accepted an invitation to coöperate with the International Union in the campaign against the venereal diseases, by guarding Rio de Janeiro with its immense harbor open to all ports of the world, and combating the venereal diseases, which usually exist in the vicinity of seaports.

Charity Organization Society Issues Popular Booklet.—The Charity Organization Society reports that over 1000 copies of their booklet *The Social Worker's Approach to the Problem of Venereal Diseases* have been sold by the Committee on Venereal Disease. In the *Foreword*, Dr. John H. Stokes of the Department of Dermatology and Syphilology, University of Pennsylvania, says:

It seems to me that it is always worth while to emphasize the function of the social worker in connection with venereal disease, which is not often thought of. The social worker and the follow-up system in dealing with venereal disease are part of medical research; in fact, the importance of observation and of the ability to follow the patient over a period of years is more vital in the problem of syphilis than in any other aspect of medicine. To the extent that the case worker and the social service assistant make this possible for the medical man, they are a necessary part of the machinery of clinical research. While the humanistic and spiritually constructive aspects of their work are of extreme importance, they should not exclude from consideration the very great contribution which the social worker can and does make to scientific medicine.

I believe it worth while to place a great deal of emphasis on the fundamental value of honesty and unselfishness in these things to urge the social worker to fight to the last ditch in behalf of the principle that the marital or sexual partner should invariably be informed of the situation. There may arise instances in which the knowledge may be withheld for a short time, but I have seen tragedies arise even out of such temporizing policies.

The American Social Hygiene Association was one of a number of organizations which coöperated in the preparation of this pamphlet, and Dr. Walter M. Brunet of the Department of Medical Measures served on the Committee on Venereal Disease. The booklet was written primarily for social workers and nurses and it may be secured from the Charity Organization Society for twenty-five cents a copy.

Municipal Venereal Clinic.—In the annual report of the Health Department of New Haven, Connecticut, for the year ending December 31, 1924, the physician in charge summarized the work of the municipal venereal disease clinic as follows:

During the year there were 5642 visits to the clinic, of which 4610 were for treatment. The remainder, 1032, were for diagnosis or advice. There were 1429 doses of neoarsphenamin given, which means an average of over 27 doses a week. During 1924, 321 new patients came to the clinic. The number of cases on the active file aggregated 308. Of these, 79 per cent are syphilitic; 31 per cent of the cases are women. There are on our active file 30 cases of children suffering with congenital syphilis. The care of such cases has grown to be a very important part of the work here.

The only innovation put into effect was caused by the removal of the State Health Department Laboratory to Hartford. An arrangement to have Wassermanns done at the Grace Hospital has proven entirely satisfactory. In addition to the Wright's method, the laboratory is using Kolmer's method giving us a quantitative and more delicate check on the cases of syphilis.

At present, with the aid of the State Department of Health, we are investigating the problem of follow-up work. This is a problem which must be solved during the coming year.

International League Against Venereal Disease.—*The Journal of the American Medical Association*, December 5, 1925, reports that the governing council of the *Union Internationale Contre le Péril Vénérien*, which comprises delegates from thirty-three nations, convened in Paris, October 3rd to 9th, under the chairmanship of its president, M. A. Bayet of Brussels. The resolutions presented by the various committees were concerned primarily with the surveillance of emigrants, who, when affected with venereal disease, are usually ignorant of its gravity and of the menace that they present to others. In this connection, also, effort is to be made to increase the surveillance over the boundaries between countries and over the seaports.

Regarding the problem of prostitution, the governing council recommended:

(1) The suppression of the reglementation of prostitution; (2) the application of measures directed toward the people as a whole and based on the broadest conception of the principle of individual liberty; (3) the adoption by the governments of measures designed to suppress the social causes which, in the last analysis, provoke and favor the spread of prostitution; (4) enlightenment of the people as to the dangers of venereal infection, and the providing of treatment (gratuitous if necessary) for every person affected, in accordance with his needs, and (5) the suppression by measures adapted to the customs and habits of each country of (a) solicitations on public streets; (b) enticing to vice, and, particularly, corruption of the young by any means whatever, though not directly obscene; (c) attempts to lead astray or lure away persons (even though of age and readily consenting) with a view to subjecting them to prostitution; (d) the admission by any person by any means whatever that he (or she) will prostitute himself (or herself) or that he or she favors the prostitution of others, and (e) advertisement of drugs designed to cure venereal disease, and, in a general way, of all publicity that is not of a medical character.

The governing council recommends further that a special appeal be made to the medical profession, asking its full and complete coöperation with respect to the advice given patients affected with venereal disease.

A New Social Creed.—The National Council of Congregational Churches, at its recent session in Washington, adopted a statement prepared by its Social Service Commission as the official declaration of social faith of the denomination. The final form of the draft is printed in *Information Service*, November 14, 1925, and is said to be the most significant document of its kind that has recently appeared in America. It reads in part:

We believe in making the social and spiritual ideals of Jesus our test for community as well as for individual life; in strengthening and deepening the inner personal relationship of the individual with God, and recognizing his obligation and duty to society. . . . We believe this pattern ideal for a Christian social order involves the recognition of the sacredness of life, the supreme worth of each single personality, and our common membership in one another—the brotherhood of all. . . . Translating this ideal into education means . . . (4) conservation of health, including careful instruction in sex hygiene and home building, abundant and wholesome recreation facilities, and education for leisure, including a nation-wide system of adult education. . . . We believe it is the duty of every church to investigate local moral and economic conditions as well as to know world needs. We believe that it is only as our churches themselves follow the example and spirit of Jesus in the fullest sense—translating these social ideals into the daily life of the church and the community—that we can ever hope to build the Kingdom of God on earth.

Prostitution in Hamburg, Germany.—For many weeks past, says an article in *Health and Empire*, October–November, 1925, a Prostitu-

tion Commission report as to the future regulation of prostitution in Hamburg has been on the City Council's Agenda, but so far it has not been dealt with.

Recently this report was referred back to the Commission. The women members of the Hamburg City Council have protested against the argument that the cause of the increase in street prostitution and the social conditions allied thereto are to be attributed to the abolition of regulations in a printed memorandum addressed to the Senate and the Prostitution Commission. They regard it as misleading that one example, such as the increase in street prostitution, should be selected from the complex causes for this retrogression in decency which bodes ill for the young. Some of the causes they enumerate are unemployment, decrease in prospects of marriage since the war, widespread dismissals—more especially of women employees—housing shortage, indecent literature, growth of criminality and homosexuality, and failure of the police authorities to act and to enforce the ordination in the new Hamburg House Welfare Law which forbids prostitutes to live in houses where there are children and young people.

In deepest anxiety as to the growing danger to the young, the women members of the Council demand the following:

A. Precautionary measures for neglected girls and those in moral danger.

1. Extension of rescue organizations and further appointments of women social officials.

2. Installation of a country house connected with the rescue organization: Observation of those sent to the workhouses under the Bielefelder System.

3. Fundamental treatment and cure of those suffering from venereal disease.

4. The largest possible return to their homes of those drawn to Hamburg who are in moral danger, homeless, and unemployed—no new distribution of control books.

5. Closest coöperation of the judiciary, police authorities, and welfare organizations.

B. Preliminary Precautions.

1. Installation of houses for self-supporting solitary women and girls and a hostel for incoming girls seeking employment.

2. Energetic combating of usurious apartment owners.

C. Care of the Young.

1. Planned sexual instruction in all schools, primary schools, technical schools, on the lines laid down by the high school authorities.

2. Energetic employment of all possibilities permitted by the law for combating filth and indecency in cinemas, press, books, and pictures.

3. Carrying out of the Housing Law for protection of the family (houses with children kept free from prostitutes).

4. Streets and squares, etc., especially in the neighborhood of schools and technical schools, to be kept clear of prostitutes.

D. Inclusion of Women Officials in the Social Police. Sternest punishment of "Bullies."

White Civilization in South Africa.—Dr. J. A. Mitchell, Chief health officer of the Union of South Africa, in a speech at the Imperial Social Hygiene Conference held at Wembley, England, October 5th to 7th, expressed the fear that Europeans may be "elbowed out or swamped and absorbed by natives," writes the correspondent for the *Journal of the American Medical Association* in the issue for November 14, 1925. Under European rule intertribal wars have ceased, law and order are enforced, famine is prevented or checked, and, apart from the world-wide spread of influenza in 1918, South Africa has experienced no serious epidemic during the last 40 years. Dr. Mitchell said that there was a tendency to exaggerate the prevalence of disease among natives. Statements were made that 50 per cent and more were infected with venereal disease, but the total for all races was under 2 per cent. The enormous fertility of the black race and their adaptation to the climate is such that it has been estimated that within 50 years they may exceed the whites out of all proportion.

All-Russian Conference.—The second All-Russian Congress for Combating Sexual Diseases was held at Kharkoff in the summer of 1925 when the following subjects were discussed: The present need of combating sexual diseases in Russia; sex education; legislation in connection with sexual diseases; professional secrecy in sexual diseases; syphilis of the nervous system; syphilis of the internal organs; serology of syphilis; experimental syphilis; the question of dispensaries. The meeting was attended by 600 Russians, including medical practitioners, representatives of women's institutes, farm laborers, factory workers, miners, students, soldiers, and young men's associations. The only foreigners present were three German physicians.

ASSOCIATION NOTES

The annual business meeting of the Association will be held at the Hotel Pennsylvania, New York, N. Y., on Saturday, January 16, 1926. Announcement will be found on the hotel bulletin board concerning the rooms reserved for the meetings.

The following sessions have been arranged: 10 A.M., for general discussion of policies and matters of special interest relating to the work of the Association; 12 M., for transacting the official business of the election of general officers and seven directors, and such other business as may properly come before the meeting; 1 P.M., the Board of Directors' luncheon followed by addresses and discussion.

The general officers to be elected will serve for the fiscal year 1926, and until their successors are elected and take office. The seven directors will serve under the same conditions for the term of three years beginning January, 1926, and will be chosen to succeed Frances L. Bishop, M.D., Elizabeth Campbell, M.D., Timothy N. Pfeiffer, Mrs. Anna Garlin Spencer, John H. Stokes, M.D., Harry B. Torrey, C.-E. A. Winslow.

Addresses by nationally known speakers and brief general discussion on social hygiene topics of especial importance will follow the luncheon. The cost of the luncheon has been set at \$2.00. Members and friends of the Association who expect to attend the luncheon will facilitate the arrangements by notifying the Association of their intentions.

* * * *

Mr. Franklin O. Nichols was in Florida from December 28th to 30th, when he spoke before the Florida State Teachers Association in Jacksonville, the Florida Normal and Industrial Institute in St. Augustine, and the Daytona-Cookman Collegiate Institute in Daytona. His topic for this series of lectures was "The Significance of Sex in Education."

* * * *

At the request of the Rhode Island State Department of Health, which wished to develop further its social hygiene educational program, Mrs. Edna P. Fox of the Department of Educational Measures, American Social Hygiene Association, spent from November 16th to

December 18th lecturing to students and parent-teacher associations in Providence and other Rhode Island cities.

* * * *

Dr. Max J. Exner, Dr. Valeria H. Parker, and Mr. George E. Worthington, all of this Association, were the speakers at the Brooklyn Institute of Arts and Sciences on December 21st, when the Brooklyn Academy of Arts and Sciences met to discuss the topic of "Social Hygiene—or Building for Social Health."

* * * *

On Wednesday afternoon, January 13th, Dr. William F. Snow will speak at the Institute for the training of tuberculosis workers. The talk will be given at the New York School of Social Work and Dr. Snow's subject will be "Coöperation with Public Officials." Time will be given at the end of the talk for questions and discussion.

* * * *

The Association's new publication, *Social Hygiene News*, which first appeared in November, 1925, has called forth a number of interesting letters of comment and criticism from members and other readers. Such comments are always welcome, as they aid the editorial workers in outlining future issues.

* * * *

A course, designed primarily for the young man contemplating marriage, was included among the courses offered by the Y.M.C.A. of Jersey City, New Jersey. The program, which was planned for weekly meetings, covered the two months of November and December, and included talks by Dr. Max J. Exner on "The Rôle of Sex in Human Life"; by Mr. Newell W. Edson on "Appetites and Their Right Use"; and by Dr. Eugene L. Swan on "Sexual Knowledge a Father Should Impart to His Son."

* * * *

On December 2nd, Dr. Walter M. Brunet of the Department of Medical Measures was in Nashville, Tennessee, where he addressed the medical students of Vanderbilt University on "Some Social Aspects of the Venereal Disease Problem."

THE FORUM

The JOURNAL will publish selected letters or excerpts considered of general interest, assuming no responsibility for the opinions expressed therein. Communications must be signed, but publication of signatures will be withheld when so requested.

Woronoco, Mass., June 20, 1925.

To the Editor:

The address by George E. Worthington, concerning the compulsory sterilization of the unfit, which was published in the May number of the JOURNAL, is so stimulating to a broad consideration of a subject which to me seems of such vital importance that I am enclosing a copy of a letter which I wrote during a controversy several years ago.

I hope you can see your way to publish this letter now that Mr. Worthington has stirred up the subject.

Let me first dispose of the subject of castration and ovariectomy by saying that I am opposed to either except as a last resort where indicated by well-established pathological conditions, and still more rarely when indicated by psychopathic conditions, and only in either case after a counsel of physicians which shall include one authority. Having thus cleared the way, we will take up item No. 1 in your letter, which for convenience to you permit me to quote:

"1. It has been argued that possible parenthood is a restraint on licentiousness and as vasectomy and salpingectomy do not remove sexual desire, but secure freedom from parenthood, licentiousness and rape would increase."

In the first place the argument ignores morality and assumes that human beings are actuated in their conduct by fear of evil consequences instead of the finer human instincts that human beings are generally conceded to be endowed with.

To be sure, we are not discussing normal persons, as vague and indefinite a term as this is—but the supposedly subnormal. However, no one will deny but what the mentally normal among us do find fear of evil consequences considerable of a deterrent. Fear of disgrace; fear of grief and heartache we might bring upon our loved ones by any lapse from right conduct; fear of the awful predicament we might bring upon our partner in the act; fear of disease. This fear of evil consequences has no doubt come up and served as a saving grace at the last moment with many when that most powerful urge in many natures would have otherwise overwhelmed them. Unquestionably, but to a lesser extent, this same fear serves as a deterrent with the mentally subnormal.

No one supposes that sterilization, viz., vasectomy and salpingectomy, remove or even lessen sexual desire.

Those who would commit rape would not be deterred by fear, not even of being burnt alive, as we have altogether too much evidence, and do not come within the limit of this discussion any more than do those who are otherwise uncontrolledly licentious, as such are unquestionably subjects for segregation until cured, when possible, even if castration and ovariectomy are resorted to. However, we are not discussing a means for decreasing either immorality or crime, each of which is a problem by itself, but a means for decreasing feeble-mindedness.

"2. These persons become more of a menace in the community by unrestrained dissemination of venereal disease."

By making marriage and a normal sex life possible for "these persons" through sterilization, a decrease of venereal disease would result and they would become less "of a menace in the community." But we are not discussing a means for decreasing venereal disease, but a means for decreasing feeble-mindedness.

"3. The permit would be abused in the possibility of practicing it where unnecessary, i.e., whether feeble-minded or not."

We are not discussing a means for the decreasing or prevention of malpractice. However, it will not now here be irrelevant to say that feeble-mindedness is not the only justification for sterilization.

"4. People are naturally conservative and any interference with personal prerogative, particularly in racial or family matters, is repugnant to them."

I must agree with you. But this is no excuse for *not* "interfering" with them. It is very "repugnant" to many when we interfere with their carrying about with them and disseminating gonorrhea and syphilis and conveying them to their wives and offspring.

"5. In the states where there are laws permitting sterilization, they are a dead letter."

You are right. There are also laws to restrain murder, robbery, larceny, drunkenness, all of which are to some extent and in some localities "dead letters." This is no evidence that there is anything wrong with the law, or that the law should be repealed. Permit me to say right here that there is something wrong with most sterilization laws; they are of a compulsory nature rather than permissive, which in the present public mental attitude tends to make some one more or less the "hangman" and pose the patient as a victim. Consequently there is more sterilization practiced in states having no sterilization laws than in states having them, and officials in such states claim there is usually little difficulty in gaining the consent of individuals to the operation, partly through their relatives, when the possible result of their unfitness is made apparent to them.

"6. Segregation and custodial care are not fraught with any dangers to the individual or public and are effective."

Segregation may be effective but where not necessary is unjust and cruel, and therefore "fraught with dangers to the individual" who are the public.

It then seems apparent that the solution of the problem of what to do with that portion of unfit who, aside from procreation, do not need to be segregated

is that, while they should not be permitted to procreate and should often be subject to some custodial supervision, they should be permitted to marry and live an otherwise normal sex life, which would decrease the very thing that some claim sterilization would "increase"—"licentiousness and rape," and dissemination of venereal disease.

It will give me pleasure to receive your reply, in rebuttal to my argument, and I wish to say that I am open-minded and ready to be convinced if I am in error. Trusting I may receive your expression of opinion of my attitude in this matter, I am

Sincerely yours,

MARSHALL D. SMITH.

Durham, North Carolina, October 13, 1925.

To the Editor:

This is merely a brief report on the coöperation of the American Social Hygiene Association in making possible our best health exhibit and public health meeting at the Chicago convention of the National Medical Association. My return from Chicago was delayed by duties there and en route, but I am taking this first opportunity to report on the results of the convention and the return of materials supplied by your Association, and to express for myself and for the National Medical Association appreciation for your valuable contribution to the success of the meetings.

At the public health session the film, *The Public Health Twins at Work*, was shown to 2500 persons. The high school auditorium was filled to capacity, and 500 or more could not get admittance. The estimated number of visitors to the health exhibit was 15,000, and 21,000 copies of literature were distributed. . . .

Please accept again our hearty appreciation of the full and effective coöperation we have constantly received from you in the promotion of our program for better health.

Very truly yours,

ROSCOE C. BROWN.

Chairman, General Health Committee,
National Medical Association.

BOOK REVIEWS

PROMETHEUS; OR, BIOLOGY AND THE ADVANCEMENT OF MAN. By Herbert Spencer Jennings. New York: E. P. Dutton and Company, 1925. 86 p. \$1.00.

Those who are accustomed to share in the stimulating discussions of current problems that are appearing in the "To-day and To-morrow" series will not be disappointed in the present small volume. Physiological biologists will welcome it for its pungent insistence on sound doctrine, freshly stated. Mendelians of a sort will feel it as a lash that is tipped with citations of authentic progress in their chosen field. General readers, presumably unfamiliar with details of nuclear structure and behavior, may be a bit baffled by the condensed account of them, without figures, in the early pages of the second chapter. Later on, they may, if they are not careful, fall into the confusion of identifying the argument with a plea, from a new angle, for the "inheritance of acquired characters"; a result which is explicitly deprecated in a footnote. If they are interested especially in the *advancement of man*, and seek too eagerly in Chapter 3 for a practical program which the author does not supply, they may fail to note that his real preoccupation is with the biological background, which is treated at much greater length in the chapter preceding, in the light of present knowledge.

"Men and other organisms," he says, "begin their independent existence as minute bits of material; as cells. . . . The underlying questions are: How does it happen that some of these bits of material develop into one sort of an individual, some into other sorts? And can anything be done to make a larger proportion of them, or all, develop into desirable individuals?"

The answer to the first of these questions is too long and too good to be marred by brief statements here. In answer to the second, the author gives general endorsement to certain negative eugenic measures and examines a positive program, but without recommendations. If, however, he does not propose a detailed program for the advancement of man, he does point out certain basic conditions for any progress that is to be made. And this he does with a clarity that

should not only enlighten but restrain, perhaps even comfort, the headstrong.

He is especially convinced that what "has gotten into the popular consciousness as Mendelism—still presented in the conventional biological gospels—has become grotesquely inadequate and misleading; particularly have its seeming implications as to the trivial rôle of the environment come into a new light." It is the environment in its fundamental aspects that receives the focus of his attention. It is, after all, what the book is about. Hence, Prometheus, symbolizing the environment as the bringer of fire, that enormously potent condition of the life of men.

Scant justice can be done this significant and highly charged essay in a few lines. It should be widely and thoughtfully read.

HARRY BEAL TORREY.

THE MINISTRY OF HEALTH. By Sir Arthur Newsholme. New York: G. P. Putnam's Sons, 1925. 271 p. \$2.00.

An instructive survey of local and central health administration is given in this volume by the author who was himself principal medical officer for the local government board of England and Wales, 1908–1919, merged in the Ministry of Health. An interesting sketch of the history of various branches of public health administration is included, which is particularly valuable as the writer's experience in public health work covers over forty years. The book deals primarily with official health work, but mention is made of the important hygienic work of voluntary societies whose chief rôle is to carry on experiments and to provide demonstrations leading to social improvement. The "highest good of a voluntary worker is to have his work embodied in an official organization. . . . The transfer leaves the voluntary organization free to start further social experimentation for the promotion of communal welfare."

In discussing the scope of public health work, attention is called to the need not only for research, but also for a reconstruction of the training of medical students which will make preventive medicine in its widest sense an integral part of this training and will ensure that before he begins practice he has definite instruction in the application of the whole of his knowledge to preventive purposes. It is stated that action in this direction has recently been stimulated by the general medical council. In our own country the importance of this

problem is also receiving greater consideration. The ideal condition is suggested as that in which each medical practitioner becomes a medical officer of health in the range of his own practice.

Following a discussion of the activities of the local government board and the means employed in carrying out health work through the Ministry of Health, and the relation of this latter body to local authorities, are chapters on poor law, health insurance, the ministration of health for children, and the treatment of certain diseases in public health administration.

Chapter XVIII deals with the venereal diseases and opens with the significant statement that past success in the ministration of health has been secured in the main discovery of the sources of mischief, and by application of measures for their control. "Alcoholism and venereal disease are the chief examples of disease caused by directly anti-social conduct. Together these diseases form the greatest removable obstacles in our midst to health, happiness, and prosperity." Without going into details, the author states that now it can be reasonably inferred from the available data that increasing success is being attained in inducing patients to persist in their treatment, and that the total prevalence of the disease is probably decreasing. It is indicated that the sources of infection, especially of syphilis, have almost certainly been reduced by the educational propaganda, and especially by the prompt and efficient treatment of cases, and the system of gratuitous and confidential treatment of all comers in publicly provided clinics has justified its existence. The great importance of the creation of a higher general conception of sexual morality than is usually held is stressed. "The object in respect of each child is the formation of character competent to secure the moral inhibitions which are necessary in a civilized and Christian country."

IRA V. HISCOCK.

YALE UNIVERSITY, SCHOOL OF MEDICINE.

UN CENTRO DI STUDI E DI ATTIVITA SOCIALI (A Center of Studies and Social Work). By Professor Ettore Levi. Rome, Italy: Istituto di Igiene, Previdenza ed Assistenza Sociale, 1925. 228 p. Lire 10.

The Italian Institute of Hygiene and Social Work has issued this volume of more than 200 pages embodying the report of the organization and its activities during the first four years of existence. The report includes an account of the inception of the work by its founder,

Professor Ettore Levi, Member of the Superior Health Council of the Kingdom, of the ideals from which it sprang and the problems which it seeks to solve.

The pamphlet might be called the confession of faith of a man who has tried to measure the accomplishment and failures of the past, and by them the better to understand the opportunity of the future. As such it has value for the student of social politics, for the idealist, the practical man of affairs and the scientist in every country. For the work upon which the Institute is engaged is the work which is being done in the Old and in the New Worlds alike; the problems its founder discusses are those which perplex and stimulate every modern mind; the solutions he suggests are those toward which society steadily moves. The very existence of the Institute emphasizes the principle that social problems are the immediate and imperative business of every individual, every class, every organization in the community.

In November, 1920, Professor Ettore Levi, head of the National Board for the Invalids of War, left that work in order to create the Italian Institute of Preventive Hygiene and Social Work.

The Institute represents, therefore, the experience of the four years of war and the conviction, which was the fruit of that experience, that the social evils, through their continued and persistent action bring about greater injury to the human race than the most devastating of wars. The Institute was created to combat these evils. Its scope ranges from the study and observation of social problems to the battle for their solution, from the propaganda and stimulation of preventive work to the coördination of every type of social activity. The Institute is a center (a permanent secretariat, to use a current phrase) of the social forces united against those evils which are the fundamental cause of all conflicts, national or international, which affect the peace and welfare of every nation and hinder the cause of our civilization.

The Institute, therefore, is a center for the collection of information, for the investigation and for the distribution of propaganda on all subjects of social interest (education, labor, emigration, etc.); on the causes of social diseases (tuberculosis, alcoholism, malaria, venereal diseases, trachoma, cancer, infantile diseases, etc.). It assists the already existing organizations of a like character so to coördinate and centralize their work that money and energy may not be wasted

in duplication, and it takes an active part in promoting improvement in social politics.

The Institute adheres strictly to the principles of work and method by which it has bound itself since its earliest beginnings. It is pledged to hold aloof from politics, so that its program may not be hindered by change of governments or party strife; to coöperate with the government in power so that its activities, which it believes to be of vital national importance, may enjoy the advantages of government support; to demonstrate the economic value of preventive measures so that leaders in financial and industrial life may be stimulated to apply them; and to coöperate with employers as well as with the trades unions and the principal economic organizations of the country in welfare and preventive work.

The activity of the Institute and the broad-minded principles upon which it is organized have won for the Institute the Royal Patronage (accorded at the end of 1923), the wholehearted support of the President of the Council, Signor Mussolini, who took a personal interest in the revision of the statute of the Institute; and the collaboration of the most important State Insurance Company, which has given over part of its headquarters in the Palazzo Sciarra as central offices of the Institute.

Since the present statute of the Institute came into force, in June, 1924, the Board of Administration has been reappointed, and is composed of representatives of every important industrial federation in Italy, and of trades unions of every political party.

The Association of ex-Combatants, whose membership runs into millions of former soldiers, has recently entered into an agreement with the Institute whereby the latter takes over all the work of propaganda and welfare among the ex-combatants, a first contribution of 250,000 lire having been set aside by the Association for this work. The Prime Minister also has recently asked the Institute to take charge of a sum of 250,000 lire which is to be devoted to the collecting of funds for the foundation of a tuberculosis sanatorium in Sicily.

Since March, 1922, the Institute has published a monthly review, *Difesa Sociale* (Social Defense), which reflects the activities and ideals of the Institute, reviews the work in social medicine and welfare carried on in Italy and abroad, and devotes systematic attention to statistical and economic problems. It publishes articles by leading

workers and writers in all parts of the world, reviews the latest books on social subjects, and gives information regarding the progress of every branch of preventive work. The Institute's library is composed of all the most recent publications throughout the world in regard to social work, hygiene, labor welfare, etc. Its collection has been secured without expenditure through the courtesy of donors and in exchange for the publications of the Institute itself.

Special studies, written by experts and edited by the Institute, have been published during the four years; monographs on social diseases, venereal diseases, white slave traffic, school reform, prostitution, endemic goiter, housing, and public health organization.

A permanent exhibition, the embryo of a social museum, has also been opened, comprising the exhibits of the work of propaganda and prevention carried on by both state and private organizations for social work in Italy and abroad. It is the director's intention to continue and develop this department, invaluable from the point of view of propaganda. The American Social Hygiene Association has contributed a series of films. "These are in constant use for purposes of propaganda and instruction, and meet with the greatest success." Other pamphlet and exhibit material of the Association has also been made available for use in Italy in accordance with the terms of coöperation outlined by the two organizations.

In his report the founder of the Institute surveys the quality and the methods of the work being carried on in Italy at the present time in social work and welfare. He finds everywhere a lack of coördination, an insufficiency of means to carry on the work which is the greatest and the most pressing need of every nation. The State spends on social medicine and welfare work a sum which is wholly inadequate to provide the necessary administration, propaganda, and actual practical means of combating social disease and maladjustment. Professor Levi asks for coördination between the various ministries concerned with the charge of education, housing, maternity and child welfare, inspectors of labor, prisons, and hospitals. He asks for a more adequate budget for such essentials and elementary needs of the nation. He asks for a more exhaustive study and documentation of disease and of regional conditions. He urges the creation of modern schools of social service, pleads for social workers who are adequately trained and salaried, for a larger view of disease and social maladjustment, in which the sick, the poor,

and the criminal are seen in relation to their environment and studied as part of the constructive betterment of the group, rather than of the individual.

All future work in preventive medicine must tend toward an organized centralization of the different branches of social work and with this in mind and in view of the rapid development of the Institute he has founded, the director foresees the existence of a great central, national Institute interested in the supervision of every agency for the furtherance of the nation's social life. He feels himself justified in the hope that it will be possible in the not distant future for the Institute to build its own headquarters and there to establish a national center of biometry, preventive medicine, eugenics, vocational education, and psychotechnic. There already exist in Italy organizations and private individuals of such financial standing that the Institute may soon realize its hopes of becoming an institution conforming to the type of the Rockefeller Foundation or Carnegie Institute, inevitably upon a small scale, in proportion to the requirements of the nation. Yet its aims are still something other, perhaps more than these: it aims to be an organ which truly represents every class of the community and every interest for social welfare in the nation.

Finally, Professor Levi discusses the social outlook of the future, and suggests that the solution of the social problem lies in the valuation of the human factor, in the betterment of human life, and the coördination of the interests and the social progress of every class of the community. This, he believes, is a problem which is both national and international: for its solution every nation and every individual of good will must unite. Such social unity of aim, of method, and of coöperation is, eventually, the basis of social progress and of world peace.

This report covers a most interesting and unique experiment in attempting to deal with the combined fields of health and social work. That the Institute is achieving more than a fair measure of success is attested by many who have visited it from the United States and other countries.

R. H. E.

BRIEFER COMMENT

ADDRESSES AND PROCEEDINGS OF THE SIXTY-THIRD ANNUAL MEETING OF THE NATIONAL EDUCATION ASSOCIATION. Washington, D. C.: 1925. 1092 p.

The wealth of material and the progress made along educational lines during the year are again made available in volume 63 of these addresses and proceedings. Of special interest to public health workers is the Report of the Joint Committee on Health Problems in Education and the Department of School Health and Physical Education. The general session on moral education and abstract of Edgar F. Van Buskirk's article, "Is Sex Education Properly a Part of Our Program of Health Education?" are of particular interest to the field of social hygiene.

ADOPTION LAWS IN THE UNITED STATES. By Evelyn Foster Peck. Children's Bureau, U. S. Department of Labor. Children's Bureau Publication No. 148. Washington, D. C.: Government Printing Office, 1925. \$10.

A summary of the development of adoption legislation and significant features of adoption statutes with text of recently selected laws of various states. The tendency of recent legislation and the standards, which are being developed by those engaged in child-welfare work, emphasize as the primary consideration the welfare of the child and also provide for safeguarding the rights of all the parties interested. An appendix contains an outline for study of adoption laws and administration.

DIRECTORY OF PSYCHIATRIC CLINICS FOR CHILDREN IN THE UNITED STATES. Publication No. 7. New York: Joint Committee on Methods of Preventing Delinquency, 1925. 99 p. \$50.

A useful directory of clinics doing psychiatric work for children. The arrangement is by states and cities. An appendix gives state plans for clinic service to children.

THE HUMAN FACTOR, A SERVICE FOR INDUSTRY. Boston, Mass.: Published by Massachusetts Society for Mental Hygiene, 1925.

This new Quarterly edited by Dr. Henry B. Elkind, which recently made its appearance, is a digest of the best that is being done in personnel work in business and industry. The subject matter is presented in non-technical language for the use of employers, personnel workers, physicians, and all others who are concerned with the human factor in business or industry.

THE PROMOTION OF THE WELFARE AND HYGIENE OF MATERNITY AND INFANCY. Children's Bureau, U. S. Department of Labor. Children's Bureau Publication No. 146. Washington, D. C.: Government Printing Office, 1925. 56 p. \$10.

A report showing the work done by the state and Federal governments in administering the Sheppard-Towner Act. At the close of the fiscal year June 1924, forty states were coöperating under the provisions of the act. A map in the front of the report shows additional states and territories since that date.

Various programs to meet the needs of the different states were worked out and a summary gives the principal activities by states.

The report contains the text of the Act and a list of administrative agencies and officers.

PUBLICATIONS RECEIVED

Under this head the JOURNAL OF SOCIAL HYGIENE lists publications received and not reviewed. Those which fall sufficiently within its field and are of sufficient importance to its readers to warrant comment will be reviewed in later issues.

- ADDRESSES AND PROCEEDINGS OF THE SIXTY-THIRD ANNUAL MEETING OF THE NATIONAL EDUCATION ASSOCIATION OF THE UNITED STATES. Vol. 63. Washington, D. C.: National Education Association, 1925. 1092 p.
- ANNUAL REPORT OF THE DIVISION OF VENEREAL DISEASES. New York State Department of Health for the year 1924. New York: New York State Department of Health, 1925. 32 p.
- ANNUAL REPORT OF THE SURGEON GENERAL, UNITED STATES ARMY, 1925. Washington, D. C.: Government Printing Office, 1925. 483 p.
- COMMONWEALTH FUND PROGRAM FOR THE PREVENTION OF DELINQUENCY. Progress Report. Publication No. 8. New York: Joint Committee on Methods of Preventing Delinquency, 1925. 48 p.
- DETERMINISM IN EDUCATION. A Series of Papers on the Relative Influence of Inherited and Acquired Traits in Determining Intelligence, Achievement, and Character. By William C. Bagley. Baltimore: Warwick and York, 1925. 194 p.
- DIRECTORY OF PSYCHIATRIC CLINICS FOR CHILDREN IN THE UNITED STATES. Publication No. 7. New York: Joint Committee on Methods of Preventing Delinquency, 1925. 100 p.
- GAY LIFE, THE. Scarlet Women Series. By Max Ehrmann. Terre Haute, Indiana: Indiana Publishing Company, 1925. 60 p.
- HEALTH THROUGH PREVENTION AND CONTROL OF DISEASES. By Thomas D. Wood, M.D., and Hugh Grant Powell, M.D. Yonkers-on-Hudson, New York: World Book Company, 1925. 122 p.
- NATIONAL CONFERENCE OF SOCIAL WORK. Proceedings of the Fifty-second Annual Session held in Denver, Colorado, June 10-17, 1925. Chicago: The University of Chicago Press, 1925. 733 p.
- NINTH ANNUAL REPORT (1924) OF THE WOMEN'S COÖPERATIVE ALLIANCE. Publication No. 71. Minneapolis: Women's Coöperative Alliance, 1925. 23 p.
- MOTHERS AND DAUGHTERS. By Jessica G. Cosgrave. New York: George H. Doran and Company, 1925. 117 p.
- SEX AND CHARACTER EDUCATION. A Course for Parents. By E. F. Van Buskirk, Cincinnati Social Hygiene Society. Cincinnati: E. F. Van Buskirk, 1925. Series of 5 pamphlets.
- TREND OF OUR CIVILIZATION, THE. Papers and Proceedings of the Nineteenth Annual Meeting of the American Sociological Society Held at Chicago, Illinois, December 29-31, 1924. Vol. XIX. Chicago: The University of Chicago Press, 1925. 264 p.

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NO. 2

VENEREAL DISEASE CONTROL IN THE PROVINCE OF QUEBEC *

A. H. DESLOGES, M.D.

*Director, Division of Venereal Diseases, Provincial Board of Health,
Province of Quebec, Canada*

Let me tell you first that I greatly appreciate the privilege given me of addressing this distinguished meeting. Were it not for the assurance of your kindness, I would hesitate to shoulder the responsibility of speaking the English language, of which I regret to possess only a limited knowledge.

I am very glad to have this opportunity of offering my most sincere thanks to your Association. It is a great pleasure for me to publicly admit that if, in the Province of Quebec, the campaign against venereal diseases attained a certain degree of success, it is in great part due to the kind and experienced advice of Dr. Snow and his learned associates. It is also due to our study of the principles of the American Social Hygiene Association and following its lead, that our organization against social evils produces good results. But all those good results have their starting point in the coöperation and active collaboration, by which they were rendered possible, of the Hon. Mr. Tashereau, Prime Minister of the Province of Quebec, and his brilliant colleague, the Hon. Mr.

* Address delivered at the Annual Meeting of the American Social Hygiene Association, New York, N. Y., January 16, 1926.

David, Provincial Secretary. Mr. David, a very able lawyer, who directs all hygiene questions in the Provincial Government, gathered all possible information on the question of combating venereal diseases. He came to New York in order to see for himself what was being done in this matter. It, therefore, is my duty to thank my Government and the Hon. Mr. David.

And now, after over five years of arduous work, it is possible to note a great diminution in the ravages of venereal diseases and to expect further success in the future. May I express the wish that you, coworkers of the American Social Hygiene Association, may continue to enlighten us on this subject?

Your Association has no frontiers. Even as you came to Canada you have gone to Europe. You are advisers of the League of Nations, and in my opinion, without wishing to flatter, I feel that you are indeed world benefactors.

I am encouraged in coming before you, gentlemen, by the recollection that I have already been introduced to you. You may remember that some two years ago, the newspapers of Canada introduced me to the world and your own New York papers introduced me to the people of the United States as the Quebec alienist who believed the whole world was going crazy.

I am glad to be able to take a more cheerful tone on this occasion. I firmly believe we are making progress with this work, and that the day is coming when infection with venereal disease, if not an impossibility, will be indeed a rare event.

On the question of world sanity, however, I do not know that anything has happened in the past two years to cause me to alter my opinion.

You would perhaps be interested to know that in my Province of Quebec, we had to contend with the same state of things that is met elsewhere, only more intensified, when a medical movement which is intimately connected with morals has to be submitted and accepted by the people at large,

From the first, it has been our aim to convince those who are in charge of teaching and safeguarding the moral principles of the people that this problem of the social evil is not only a medical question, but also, and specially, a moral question.

I must say, to the praise of our priests and pastors, that this did not entail hard work on our part, because they heartily joined us in our enterprise. The ecclesiastical authorities without exception, cardinal, archbishops, bishops, and priests, have from the start given us powerful help. You, therefore, can imagine the great moral influence which was put to our service. The result was this: without any local organization in the different cities and centers of the Province, there was a committee of 4000 to 5000 priests and religious teachers ready-made and willing to do their utmost to help us in our propaganda.

We were invited by priests and pastors to give lectures in almost every parish of the Province, and we were received in parish halls and schools. We were introduced by the local clergy, who called the attention of their audiences to the fact that they had been counselled as to the moral aspect of this question by their priests and pastors, but that now authorized physicians were going to present to them the question from the medical standpoint. These lectures were rendered more interesting by the showing of films of the American Social Hygiene Association. Even those prepared for physicians and medical students were found to be beneficial for the whole population. We, of course, made it our duty to explain and comment on them extensively while they were being shown on the screen. Our audiences realized in this way the importance of early and prolonged treatment so as not to be liable to incur the immediate and ultimate consequences of venereal disease. These lectures were given to men, women, girls, and boys separately. The following table indicates to some extent the progress made in getting cases under treatment:

	Number in—			
	1921	1922	1923	1924
Venereal disease cases reported.....	5,208	5,543	5,533	5,200
New patients admitted in clinics.....	4,970	7,513	7,773	8,809
Treatments administered in clinics.....	50,503	67,742	99,286	105,401

Our clinics are all established in general hospitals. We think that in this way the patients have no reason to fear being singled out as "venereal." We have forty special clinics, but every hospital, general, mental, children's, etc., treats venereal diseases. Indigents receive free treatment, and those who cannot pay in full for their treatment by a private physician contribute according to their means to the support of the clinic. Several clinics are under the scientific direction of our universities. Treatment is given in every jail and reformatory of the Province.

Not only was the educational propaganda among the people of the greatest importance, but also the scientific information furnished to the medical profession at large. For that purpose medical literature and information, both our own and a great contribution from the American Social Hygiene Association, was largely distributed to the medical profession. I take, here, the liberty of thanking Dr. John H. Stokes whose book, which we translated into French, is of great value to the physicians of the Province; it was also distributed in different European countries. But in order to be still more practical and to have better results, we organized a special post-graduate course in venereology. Doctor Pautrier, Professor of Syphilology at the University of Strasbourg and formerly of the Hospital St. Louis, Paris, came to Montreal and was the lecturer in syphilology at the University of Montreal and at Laval University, Quebec, during the month of September, 1923. His lectures were largely attended by the medical profession of the Province of Quebec.

May I mention an after effect of our educational and scientific propaganda? Several practitioners report a diminution in the number of their venereal patients, whereas specialists

register an increase. This is easily explained by the fact that the patients, realizing better the gravity of their state, prefer to be attended by physicians specializing in their diseases, in order to be cured more quickly. Other results are that patients now consult and visit their physician at the beginning of their disease, and secondary symptoms and classic lesions are now so very scarce that the professors at the University have difficulty in showing such cases to medical students.

Our methods, closely allied to and frequently copied from yours, are subject, nevertheless, to frequent criticism by people and organizations who do not approve of them—or us. That, no doubt, is your experience also. We live in an age of organizations, and no sooner do we organize a campaign to do something, than someone else is sure to organize another campaign to prevent us from doing it or to make us do something else instead. Therefore, I shall not attempt to tell you of the forms of criticism, opposition, and advice we meet as this tale would probably be nothing new to you. We in Quebec, however, are not greatly perturbed by those who disapprove of us and those who would show us a better way. We are happy to join hands with you in your efforts, and to work along similar lines to yours.

Our campaign for the near future is infantile syphilis which we propose to take up shortly. This question will be studied and taken up at the Congress of the French Speaking Physicians of North America, which will take place in Montreal, September next.

We endorse many of the points of view of “*L’Union Internationale Contre le Péril Vénérien*,” Paris, especially the following:

Typical forms of heredo-syphilis are far from representing the majority of cases. Hereditary syphilis often takes the disguise of another disease.

Each time that the family physician suspects the presence of heredo-syphilis of the first and second generation, his presumption should be confirmed by a clinical, etiological, and biological investi-

gation regarding the patient and his family. But his investigation may be negative although heredo-syphilis is really existing.

Observations taken during pregnancy or at the time of the confinement (abortions, premature confinements, hydramnios, relation between the weight of the child and the after-birth) furnish information of high value.

In many of these cases a treatment test should be instituted.

Hereditary syphilis must be attended to as soon as it is discovered and treatment continued during many years. The aim is to obtain not only the disparition of syphilitic accidents but the cure of the disease.

In case of active manifestations, an intensive arsenical treatment is absolutely required. It should be made with progressive doses, keeping in mind the absolute medical contraindications.

When all clinical and serological symptoms have disappeared or when syphilis has been constantly latent, a thorough mercurial or bismuthic treatment should be instituted.

In case of defective functions of the endocrine glands, opotherapeutic treatment should be associated with a specific treatment.

It is an imperative duty for the mother who has milk to nurse her child, and in no case should this child be confided to the care of a hired nurse.

Every heredo-syphilitic should continue to be under prolonged medical observation after the termination of his treatment.

As regards preventive treatment of heredo-syphilitic patients, marriage of syphilitics should be explicitly forbidden during the active stages of the infection. The conditions required for the marriage of one or the other sex affected with syphilis are the following:

1. Prolonged treatment of varying duration: shorter, if instituted before a positive Wassermann and followed with the required intensity; longer, if the patient was already in the positive serological period and had been under an insufficient and badly followed treatment.

2. A period of clinical and serological follow-up of a year during which time no sign of syphilitic activity has been observed. Reactivation and lumbar puncture shall be the complementary tests.

3. It is always prudent to recommend to the patient intending to marry, a cure during the months preceding marriage.

4. The husband or wife of the syphilitic, who has been authorized to marry, must be submitted to a clinical and serological supervision. If a married man contracts syphilis, he must be intensively and immediately treated not only in his own interest but also to prevent his wife's infection. The wife must follow a very strict clinical and serological supervision, conception should be deferred, and if pregnancy occurs, she must be attended to during pregnancy even if she does not show symptoms of syphilis. Even if showing no signs of syphilis, the child, as soon as born, must be treated according to the conclusions of the reports on the treatment of hereditary syphilis of the new-born.

The following resolutions were adopted at a recent conference of *L'Union Internationale contre le Péril Vénérien* on heredo-syphilis:

1. That the campaign against syphilis now in force should continue to be supported, that it should be amplified and afforded more important grants.

2. That the technical teaching to practitioners during post-graduate courses and the students' tuition during the course of a compulsory and prolonged term should be directed toward the prophylaxis of acquired syphilis and heredo-syphilis; energetic treatment of the future progenitors, of the pregnant woman; treatment or prolonged supervision of all who are of syphilitic descent.

3. That lying-in hospitals and organizations of puericulture (prenatal clinics, clinics for nursing mothers and nurslings, maternal homes, etc.) be organized in view of combating hereditary syphilis, either by a close connection with antisiphilitic clinics provided with a serological laboratory or by the adjunction of a special clinic. This maternity clinic being operated with the collaboration of the obstetrician, the syphilologist, and the pediatrician, must secure the uninterrupted supervision and treatment of the mother and children.

4. That the prophylactic education of the public regarding syphilis be energetically carried on in all social centers.

5. That sexual and antivenereal education be carried on in high

schools in such a way that parents and young students may not be offended.

6. That parents, when their children contract marriage, be advised of the great importance for the future brides and bridegrooms to be examined by a physician in order to find out that no virulent infection exists which could affect the next generations.

Further, the executive of *L'Union Internationale contre le Péril Vénérien* recommends that in the sanitary examination of emigrants, venereal diseases should be checked up in the same way as all other contagious diseases; that sufferers from venereal diseases should only be allowed to embark on board ship provided there are facilities available for continuation of their treatment while on board; that arrangements should be made with societies entrusted with the reception of immigrants to see that the latter are received under properly prophylactic conditions; that national organizations should continue to carry on prophylactic, sanitary, and moral education; and that other countries should be invited to follow the example of the United States in refusing admission to immigrants suffering from venereal diseases.

May I add, for your interest, one more result of our campaign. After many years of continuous fight against vice conditions we can now report that the red-light district of Montreal has been done away with.

In closing, my friends, I might venture to suppose that you, too, like ourselves, are ever overcome by the sense of the thanklessness and perhaps the futility of our task. Those whom we serve the best, for whom we are doing the most, are those who shudder at the mention of the work we are doing, who think it polite never to have heard of the things we teach. But, at least, we have the consolation of knowing that the greatest of public services were rendered by men who on that account were "despised and rejected of men."

I am reminded of the reply of a sanitary fatigue man in a military dysentery hospital in France, a big Highlander, wounded, incapacitated, and assigned to this unpleasant duty

for the remainder of his war services: "Derrrrty hands," he said, "but a clean Herrrt."

Our work may be such that nice people sometimes think we have dirty hands, but it leaves us very clean hearts, and the satisfaction of having done for the rest of humanity a great service which the rest of humanity had not the courage to do for themselves.

Upon the whole I think I may say, with the experience of many years of observation, that I remain more and more convinced that the campaign against venereal diseases will continue to give the best of results only through the increasing diffusion among the people of knowledge of the terrible consequences of this world-wide scourge. It is only through the most intensive educational campaign that we will be able to keep open the public mind. By public mind, I mean the whole population; those who are infected and those who must guard themselves against the dangers of contagion. We must, of course, give to those infected the means to be treated and cured. As to the others, who are the greatest number, we must convince them of the necessity to unite their efforts to combat in a practical and effective way venereal diseases. They can do it! Either through donations, or else through facilitating the penetration into their midst of the means which science offers to combat these diseases. But in the first as in the second case, it all amounts to a question of education; the rest is only the practical results and the immediate application of the knowledge gathered through education. This is what we have tried to accomplish in the Province of Quebec, and to-day I can say to you that we have succeeded in a most encouraging way, as you may have been able to note for yourselves.

REPORT OF BOARD APPOINTED BY THE SECRETARY OF THE NAVY TO STUDY THE VENEREAL DISEASE PROBLEMS OF THE NAVY *†

Last December, upon recommendation of the Surgeon General of the Navy and by direction of the Secretary of the Navy, a board of officers was convened by order of the Chief of the Bureau of Navigation to study the venereal disease problems of the Navy. The officers composing the board represented the Bureau of Navigation, the office of the Major General Commandant, United States Marine Corps, office of the Judge Advocate General of the Navy, and the Bureau of Medicine and Surgery.

The board made a careful study of such evidence as it could obtain relative to venereal disease conditions in civil life and among personnel of the Navy, held frequent meetings over a period of several months for discussion and for consultation with representatives of official and unofficial agencies, and finally submitted a report embodying its conclusions and containing certain specific recommendations which, in the opinion of the board, if adopted will lead to definite improvement in the venereal disease situation in the Navy. . . .

In compliance with orders the board began its studies by considering the facts regarding the prevalence and the damaging consequences of venereal diseases in the Navy as set forth in the Annual Report of the Surgeon General of the

* Reprinted from the *United States Naval Medical Bulletin*, December, 1925, p. 527-59, as published by The Division of Preventive Medicine, Bureau of Medicine and Surgery, Navy Department, Lieut. Commander J. R. Phelps, Medical Corps, United States Navy, in Charge.

† The Editorial Board believes this report a most helpful contribution to studies of the venereal diseases and their control. As the government edition is limited, this section is reprinted for the benefit of JOURNAL readers.

Navy for the year 1924.¹ The board then arranged for and held a series of conferences with representatives of governmental and unofficial agencies to familiarize itself as fully as possible with venereal disease problems and related sociological conditions in civil communities of the United States.

Among those with whom matters properly to be considered by the board were freely discussed, the following represent certain organizations which have long been engaged in careful study of all phases of the venereal disease and allied problems, as well as others concerned with certain special social problems which bear directly upon the Navy's problems:

Assistant Surgeon General Mark J. White, chief of the division of venereal diseases, Bureau of the United States Public Health Service.

William F. Snow, M.D., general director of the American Social Hygiene Association.

Walter M. Brunet, M.D., director, department of medical measures, the American Social Hygiene Association.

Valeria H. Parker, M.D., director, department of protective measures, the American Social Hygiene Association.

Katharine B. Davis, Ph.D., general secretary, Bureau of Social Hygiene, New York City.

Mrs. Mina C. Van Winkle, chief of the women's bureau, Police Department of the District of Columbia.

Mrs. Jane D. Rippin, representing the Girl Scouts of America.

Miss Abby Condit, representing the Playground and Recreation Association of America.

Dr. Valeria H. Parker, M.D., representing the president of the National Congress of Parents and Teachers.

Miss Winifred Callahan, Women's Protective Association, Cleveland, Ohio.

PREVALENCE OF VENEREAL DISEASE EVERYWHERE A SERIOUS PROBLEM.—As a result of its studies and the information obtained through conferences with civilians and well informed officers of the Navy, the board is convinced that the venereal diseases constitute a very serious menace to the public health

¹*Health of the United States Navy: The Venereal Diseases*, reprinted in JOURNAL OF SOCIAL HYGIENE, March, 1925. p. 139-67.

in practically all civil communities as well as in the Navy. It is, of course, with the Navy's problems that the board is primarily concerned, but those problems can neither be thoroughly understood nor effectively dealt with unless consideration is also given to the conditions as they exist in the homes and institutions of the Nation.

PREVALENCE OF VENEREAL DISEASE IN THE NAVY.—The statistics published from year to year by the Surgeon General of the Navy show that all three of the venereal diseases are usually to be found among the first six of all diseases which cause disability and require admission to the sick list. How many more men are infected each year than the figures indicate is a matter for conjecture, but the board believes that admission rates for the venereal diseases in the Navy would be considerably higher if all cases could be recorded. In many instances men infected with chancroid or gonorrhea can successfully conceal their diseases, especially if they are so situated that they can have daily liberty under conditions which make it possible for them to consult civilian physicians or quacks or treat themselves with medicines purchased in drug stores with or without the advice of drug clerks or friends in or out of the Navy. Relatively speaking, gonorrhea is in many cases easily concealable, for, while complications occur in a certain proportion of the cases and involve serious disability or lead to uncured or incurable conditions, the fact remains that the infection is of brief duration and does not incapacitate the individual in an obvious manner in many other cases. Most cases of syphilis, on the other hand, are likely to be discovered ultimately, because the infection persists or tends to persist without adequate treatment throughout the life of the individual.

In so far as the statistics collected by the Bureau of Medicine and Surgery indicate, about 12.5 per cent of the personnel of the Navy becomes infected with venereal diseases each year. Excluding officers, among whom, of course, admission rates are much lower, it appears that in an average year from

13 to 14 per cent of the enlisted men become infected. About one-half of one per cent of the entire personnel is on the sick list constantly as a result of venereal disease, but this figure is comparatively small, because much of the treatment for these diseases, even for syphilis, is given while the men affected are not being carried on the sick list. About 20 per cent of the men who receive treatment on board ship from day to day are treated for venereal diseases or complications arising from these diseases.

ADMISSION RATES NOT UNIFORM THROUGHOUT THE NAVY.—The table following shows how unevenly admissions are recorded in different naval organizations and forces serving in different parts of the world. The figures were taken from the Annual Report of the Surgeon General of the Navy for 1924 and they cover the calendar year 1923:

Population group	Per cent of men attached who be- came in- fected during the year 1923
All ships	15.3
Battleship divisions—	
Battle Fleet	9.2
Scouting Fleet	11.6
Asiatic Fleet	47.7
Destroyer squadrons—	
Battle Fleet	7.1
Scouting Fleet	16.7
Asiatic Fleet	42.0
Miscellaneous vessels—	
Battle Fleet	13.0
Scouting Fleet	15.4
Asiatic Fleet	38.6
Naval forces, Europe.....	25.7
Special service squadron.....	28.3
Naval transportation service.....	20.0
Ships on special duty; survey duty; ships on shakedown cruises, etc..	11.1
All forces ashore in the United States.....	6.8
Navy yard, Boston, Mass.....	6.3
Receiving ship, Boston, Mass.....	15.7
United States Naval Torpedo Station, Newport, R. I.....	5.3
United States Naval Training Station, Newport, R. I.....	4.2

Population group (continued)	Per cent of men attached who be- came in- fected during the year 1923
Navy yard, New York, N. Y.....	6.8
Receiving ship, New York, N. Y.....	9.8
United States submarine base, New London, Conn.....	8.4
Navy yard and marine barracks, Philadelphia, Pa.....	6.0
Receiving station, Philadelphia, Pa.....	17.5
United States Naval Air Station, Washington, D. C.....	5.1
United States Naval Air Station, Hampton Roads, Va.....	6.1
United States Naval Training Station, Hampton Roads, Va.....	7.7
Receiving ship, Hampton Roads, Va.....	8.2
Navy yard, Norfolk, Va.....	6.8
Marine barracks, Quantico, Va.....	7.1
Marine barracks, Washington, D. C.....	4.9
Navy yard, Washington, D. C.....	5.9
Receiving ship, Charleston, S. C.....	16.9
Marine barracks, Parris Island, S. C.....	4.3
United States Naval Station, Key West, Fla.....	6.5
United States Naval Station, New Orleans, La.....	6.0
United States Naval Air Station, Pensacola, Fla.....	6.2
United States Naval Training Station, Great Lakes, Ill.....	8.8
United States Naval Air Station, San Diego, Calif.....	6.8
United States Naval Training Station, San Diego, Calif.....	4.4
Marine detachment, San Diego, Calif.....	3.1
United States Naval Station, Mare Island, Calif.....	4.4
Receiving ship, San Francisco, Calif.....	18.5
United States Naval Torpedo Station, Keyport, Wash.....	7.0
Navy yard, Puget Sound, Wash.....	4.3
Receiving ship, Puget Sound, Wash.....	13.6
Expeditionary Forces, Haiti.....	23.7
Expeditionary Forces, Dominican Republic.....	22.2
Naval personnel, Virgin Islands.....	9.7
Naval personnel, Panama Canal Zone.....	18.8
United States Naval Station, Guantanamo Bay, Cuba.....	11.5
Marine guard, legation, Managua, Nicaragua.....	25.0
Marine guard, legation, Peking, China.....	40.1
Naval personnel, Territory of Hawaii.....	3.4
Naval personnel, Philippine Islands.....	12.8
Naval personnel, Guam.....	2.9

Doubtless, conditions are favorable in and around a few of the stations in the above list for a low incidence of venereal diseases, but it is not unlikely that conditions making it pos-

sible for men to conceal infection partly account for the low rates reported by some of the stations.

DANGEROUS CONSEQUENCES OF GONORRHEAL AND SYPHILITIC INFECTIONS.—The board is very much impressed with the evidence before it regarding the serious consequences which often follow infection with syphilis and less frequently, gonorrhea. Careful consideration was given to information previously published by the Surgeon General of the Navy and to statements made in conference by Assistant Surgeon General Mark J. White of the United States Public Health Service, and by Dr. William F. Snow, formerly executive officer of the California State Department of Health and now general director of the American Social Hygiene Association. So much has been published in recent years relative to the effects of both diseases on personal, family, and community health and welfare that the board considers it unnecessary to review such evidence at length. It is desirable, however, in this report to mention that a number of deaths occur in the Navy every year from heart disease and affections of the brain with syphilis as the underlying cause, besides the deaths caused by this disease directly while the victims are undergoing treatment. It is, of course, impossible to estimate how many men die prematurely after leaving the Navy from the direct and indirect consequences of syphilis. In 1923, 17 men still in service were admitted to the sick list with general paresis and seven with locomotor ataxia. Only one patient died during the year, but the average duration of life after the development of paresis is but little more than two years. The possible disasters which may be caused by an officer or enlisted man in the early stages of paresis, before his condition has been recognized, are to be borne in mind.

INSUFFICIENT DATA FOR COMPARISON WITH CIVIL LIFE OR OTHER MILITARY ORGANIZATIONS.—The board endeavored to obtain data which might serve as a basis for comparison between the known prevalence in the Navy and the prevalence of venereal diseases among the civil population of the United

States, particularly among males, in comparable age groups. As expected, it learned that such figures are not to be had, but for the purposes of its study it seemed desirable to seek the information and mention in its report that the reporting of venereal diseases in civil communities is too incomplete to make statistics based on such reports of any practical value in estimating prevalence. A number of surveys have been made in selected population groups in certain institutions and among employees of some industrial companies, but so far as the board could ascertain no information of any definite value for purposes of comparison is to be derived from such studies. However, it is apparent and generally recognized by physicians, public health officials, and unofficial organizations which have studied venereal disease problems that syphilis and gonorrhea are widely prevalent in practically all communities and that persons in all classes of society become infected.

The board is loath to consider comparisons between the vital statistics of the Navy and other military and naval organizations, because it has no evidence that the statistics available have been collected under similar conditions and compiled by comparable statistical methods. In the United States Navy the instructions relative to the reporting of the venereal diseases contemplate that every case of venereal infection be recorded as a case of venereal disease, even if there be apparent no disability whatsoever. This practice is different from that generally carried out in the recording of sickness where the principal criterion is the existence of a certain amount of disability which definitely indicates that the individual should be placed on sick report. In some statistical reports the numbers of cases of gonorrhea and other forms of gonococcus infection recorded are but little greater than the numbers of cases of syphilis, and it is doubtful whether, in the compilation of such statistics, cases of gonorrhea not attended by disabling symptoms have been recorded.

It is not the purpose of the board to minimize the serious-

ness of high venereal disease admission rates in the United States Navy. On the contrary, it is the desire to face the facts as they exist, or as accurately as they can be ascertained, that leads to the above considerations in order that the impression shall not be given that because the rates are higher than those reported for the armies and navies of other countries it should be regarded as probable that the rates for our Navy are based on complete detection and recording of these diseases.

VENEREAL DISEASE RATES NOT A GAUGE OF PREVENTIVE ACTIVITIES.—Knowledge of conditions as they exist throughout the Navy leads the board to believe that in spite of the large numbers of cases reported every year many cases have escaped detection, and some known cases have for various reasons not been entered upon official returns. It is understood that the Bureau of Medicine and Surgery is endeavoring to secure complete detection principally in order that as few men as possible may fail to receive adequate treatment and the necessary follow-up treatment to prevent recurrences and future damage to the individual. In this connection the board is glad to record its opinion that this is the only common-sense method of approaching this important phase of the venereal disease problem—the management of infected individuals. It feels that only concealment of disease and concealment of exposure should be punishable. It believes that measures applied after the individual has become infected which smack of punishment for having become infected or tend to lessen the individual's self-respect or lead him to believe that he is not being treated on even terms with the victims of any other kind of disease, must inevitably tend to make men conceal disease and seek treatment elsewhere. The board also believes that no organization, on the basis of its venereal disease statistics, should be judged with regard to the interest displayed by its commanding officer and other officers in the initiation and prosecution of efforts to prevent and control venereal diseases. Under present conditions, it appears, a high admission rate is quite as likely as a low rate to indicate a desired display of interest,

confidence among the crew in the medical officer, and the attainment of a most desirable objective—namely, that infected men receive good treatment.

It seems reasonable to conclude that any tendency to hold the commanding officer responsible for the size of the venereal disease rate must indirectly lead to concealment of disease, and even failure to report disease when discovered. The board deems it advisable to touch upon these points because it understands that just such methods have been advocated. Moreover, certain punitive measures of doubtful value are still in effect in the Army and Navy. In view of the fact that the commanding officer of an organization has no control whatever over at least some of the conditions and circumstances of determining importance which cause men to become infected, it is obviously unwise and unjust to attempt to hold him responsible for the number of men who become infected. Low admission rates of course might logically be expected from so doing, but that would defeat the aims of those interested in curing as well as preventing disease. The board has no reason to believe that punishment of an individual for having acquired a venereal disease has enough preventive value for him or for others not infected to compensate for the harmful consequences of making routine use of such punitive measures.

It is, however, rational for the Navy Department to adopt such measures as by general agreement can be expected to have definite value without unduly conflicting with other preventive measures or with naval efficiency in general, and then hold commanding officers specifically responsible for their enforcement by regulation or general order.

PREVENTION OF VENEREAL DISEASE NOT EXCLUSIVELY A MEDICAL PROBLEM.—From the evidence before it the board concurs with the statement made in the Annual Report of the Surgeon General of the Navy for 1924 that much of the work required under a well-planned and well-executed program for the prevention and control of venereal diseases is not medical in

character. In referring to activities which are ordinarily beyond the scope of the Medical Department of the Navy the Surgeon General mentions discipline, athletics, recreation, social service, police work, coöperation with the police and protective social agencies in civilian communities, with churches and with various women's organizations which can be led to take an interest in the entertainment and welfare of the enlisted men.

SOCIOLOGICAL AND PSYCHOLOGICAL CONSIDERATIONS.—At this point it may be well to review briefly the more important conditions and influences that make for a high prevalence of venereal disease. The Navy recruits its men from civil life. They have variously good and bad mental qualities, depending upon inheritance and the various environments from which they come. The primary purpose in recruiting is to select men who are physically and mentally capable of performing efficiently the different kinds of work required in the modern Navy. Some of the work demands great physical strength but comparatively little intellectual capacity. On the other hand, some of the work which must be performed by enlisted men requires superior intelligence.

The general and special requirements of essential naval activities govern the selection of recruits and the special training subsequently given them. In the recruiting office men with criminal records are not considered eligible for enlistment in any rating, and no man is accepted without reasonable assumption that he is of good moral character. Nevertheless, many of the men enlisted must prove wanting in the finer qualities of moral and ethical character. That is not primarily the fault of the Navy. The fault lies with the youth of America; that is to say, primarily with the parents of America. What happens to men in the Navy in the way of disease arising from their own misconduct is very largely due to faulty training in childhood and adolescence and dangerous environments in which parents so often permit their children to grow up without recognizing fully apparent dangers and without check-

ing the formation of bad habits. Too often parents passively permit their children, in accordance with the tendency of the times, to follow any means pleasing to vanity—of letting themselves go in the endeavor to give free expression to the ego; satisfy natural instincts and cravings, and avoid repressions. It is not to be wondered at that many children experience sex relations and become sexually promiscuous at an early age. It is not to be expected that discipline in the Navy will overcome the lack of discipline and restraint in earlier years to the degree that young men who have not learned to control their desires, or at least to temper them with judgment, can be trusted to avoid dangerous contacts while on liberty away from naval jurisdiction and supervision.

It is, therefore, fundamentally true that the Navy's venereal disease problem is as bad as it is largely because of the lack of suitable training and proper restraint of children in the homes of the United States, and because of defective social hygiene in high as well as low levels of society in practically all communities. It is perfectly obvious—and yet to many who hear it for the first time it seems like a new idea—that the venereal diseases which the Navy must treat are acquired in civil communities under circumstances which are for the most part beyond control of the Navy.

SPECIAL FACTORS INVOLVED UNDER SERVICE CONDITIONS.—It is true, as often pointed out, that the Navy takes young men from their homes and places them where they will be exposed to temptation. That is an essential service condition. The same thing might be said of a university located in a large city. The Navy doesn't expose its men to temptation, but it must grant leave and liberty in foreign as well as home ports. Otherwise, it could not maintain contentment and a high state of morale, and it could not induce young men to enlist.

While these men were living in their home communities, although in many cases they were surrounded with opportunities for making dangerous contacts with immoral women, they were influenced in various degrees by family considerations,

the opinion of neighbors, employers, and acquaintances, and at all times they had ample opportunity to associate with young women of good character. Often the bluejacket is nearly or entirely free from all such deterring influences while he is on liberty. His behavior may be known only to those who accompany him into a red-light district, although eventually a man is likely to be known by the company he keeps. The man's behavior, while depending in part upon his previous habits and early training, is bound to be influenced greatly by his feeling of freedom, by his associates in the Navy, and by the company he falls in with while on liberty.

INFLUENCE OF UNDESIRABLE CHARACTERS.—His associates in the Navy may not be of the best. In every organization there are likely to be at least a few undesirable characters. Men of this kind often exert a pernicious influence on other men. Assistant Surgeon General Mark J. White of the United States Public Health Service in discussing this phase of the venereal disease problem referred to such men as "sex addicts," and stated that they are to be found in colleges as well as among other groups of young men. They are thinking constantly about sexual contact, and, like drug addicts, they try to induce other men to join them in their pursuits. There is nothing peculiar about the mere tendency to recruit followers. It is natural for a man who takes up golf, or joins a gun club to shoot clay pigeons, or follows any other desire, to do the same thing. But in the case of the man who is trying to get up a party to go and meet the prostitutes he knows, or in a foreign port to visit the red-light district, there may be an ulterior motive. He can often borrow a dollar or two from this man and that man whom he has induced to accompany him, without any intention of returning the money, and thus in part defray his own expenses.

Such men are likely to have other characteristics as well that make them undesirable or of relatively little value to the Navy. They can be recognized by men of the better sort among the crew, even if they do not happen to be suspected

by their officers. The board believes that the detection and elimination of men of this kind is an important measure in the interests of venereal disease prevention, and that much can be accomplished by seeking the coöperation of chief petty officers and right-thinking members of the crew with a view to cultivating a public opinion in the organization that condemns flagrant misconduct. If the better element in the crew is induced to take an active part in improving conditions instead of remaining passively tolerant and merely refusing to associate ashore with men whose habits are considered bad, the latter will become more conspicuous on board ship, and, furthermore, some will change their habits for the better. Public opinion can be made to exert a profound influence in any organization. Many men will adopt or lapse into bad habits if they observe that such conduct is the rule in the group or is tolerated by public opinion. On the other hand, many men who do not themselves feel that there is any particular reason, moral or otherwise, why they should not seek recreation chiefly in the company of commercial prostitutes may be deterred from such associations by the realization that the majority of men are cultivating acquaintances only among young women who are virtuous, or at least ostensibly virtuous, and particularly by efforts of the crew to keep the ship, navy yard, landing dock, and places where ship entertainments are given clean enough to justify those who are in a position to do so to entertain their mothers and sisters. The principle involved is that men are restrained from doing certain things as much by the knowledge that such things simply are not being done in the group as by any innate sense of what is proper or improper.

BAD EFFECTS OF FOUL AND OBSCENE LANGUAGE.—The amount of foul and obscene language used on board a ship is an index of the state of prevailing public opinion on that ship. Any general tendency to use such language can be broken up promptly by concerted and well-directed efforts on the part of the ship's officers and the award at mast of adequate punish-

ment. The use of filthy language should be discouraged, because, if tolerated, many men who are not really of bad character carelessly form the habit of punctuating their daily conversation with terms which are commonly employed by uneducated persons in referring to the sexual act or to perverted practices. The principal reason why such language should not be permitted is that the habit spreads, and men of bad character who should be detected and suppressed or eliminated are not so conspicuous as they should be. Furthermore, the habit of using such language is not consistent with self-respect or high moral standards.

INFLUENCE OF IMMORAL WOMEN.—Fundamentally, of course, the urge to sexual intercourse arises from the primary instinct of procreation. And the urge is powerful in both sexes. To overlook the fact that the female of the species as well as the male is activated by strong emotions arising from the sex instinct is to overlook important causes involved in the spread of venereal disease. From a practical standpoint, nature does not impose the same possible consequences of illicit intercourse upon the male as upon the female, and women are ordinarily held in more restraint by conventions and social attitudes. In general, too, a greater proportion of women than men in all comparable social groups are striving for high ideals. Paradoxically, the attitude of the male sex is in part responsible for this requirement. Nevertheless, in large centers of population, where the doings of the individual are more or less lost sight of, there seems to be a growing tendency on the part of young women, who have reached a state of economic independence, to break away in greater or less degree from the strict requirements of previous generations. Often, from the nature of things, life in a large city is such that freedom of opinion and action in giving expression to the feeling that single women are entitled to freedom in social and sexual as well as business relations does not bring the opprobrium that would follow in a smaller community. Such women are not necessarily promiscuous in their relations with men.

In comparatively small as well as large communities there are to be found other women who are promiscuous in their sex relations. These range in age from those who are mere girls in their early teens to mature women, and they comprise all classes of clandestine prostitutes. With some the sexual act is more the expected result of an evening's entertainment in a dance hall or elsewhere in the course of which both the man and the girl feel free to do as they please, rather than any desire on the part of the latter for profit.

In some cases the desire for gifts of clothing, cheap jewelry, etc., is a factor, and in other cases the principal or only consideration is money.

CURIOSITY AN IMPORTANT FACTOR.—Curiosity is a psychological factor of great importance. The child is curious from an early age, and the desire to satisfy curiosity increases as he grows all the way into maturity when habits are fixed and inhibitions fully developed. With the growing child the difficult but proper thing is to satisfy curiosity about sex matters with truthful information without volunteering more information than is required and without further stimulating curiosity and imagination at the moment. The young man will determine for himself how and when to satisfy his curiosity, and his imagination cannot be checked.

In the case of young men in the Navy, curiosity is doubtless an important factor making for the large numbers of exposures to venereal disease that occur under certain conditions such as during liberty in a foreign port where vice is uncontrolled. At such times experience has demonstrated that warning and instruction carefully given regarding the nature of venereal diseases, the danger of infection, and appeals to think of the possible effects of disease upon future career and after life, have failed to deter, and, so far as could be judged, more men could not have exposed themselves if such teaching and warning had not been given.

The men have heard all sorts of tales about foreign women, and it appears that they will satisfy their curiosity when occa-

sion permits. When, in addition to the factor of curiosity, we find that many prostitutes are waiting for the men near the dock, or are ready to pick them up as soon as they have entered the crowded streets of the city, that taxicab drivers are agents for houses of prostitution, that brothels have their runners everywhere to intercept the men, and peephole displays, etc., are held out as an inducement to stimulate curiosity, it is not surprising that the exposure rate is very high during the visit of a ship to such a port.

In our own seaboard cities conditions are not so bad. In some, prostitutes, at least women who openly profess to be prostitutes, are scarce, and more or less difficult for the men to find. The lure is ordinarily not so great as in a foreign port, and the comparative absence of street walkers makes it necessary for the men deliberately to hunt for them. Therefore, there is not so much likelihood of wholesale curiosity being aroused. Nevertheless, even in a home port with which the men are thoroughly acquainted and after a considerable stay, bluejackets will be found standing on street corners with apparently nothing to do and no place to go, following with their eyes every young woman who passes, until after a time, curiosity, imagination, and desire have so stimulated sex feelings that before the evening is over they will endeavor to satisfy their desires.

The above considerations suggest certain remedial measures which it should be possible and practicable to put into effect; but before discussing them it is desirable briefly to discuss other related factors in order that all conditions which may possibly be corrected or improved may be considered together.

VALUE OF RECREATIONAL FACILITIES.—It follows from what has just been said that lack of recreational facilities is an important factor in leading men to hunt for prostitutes when with some definite, interesting, and agreeable means of entertainment before them as they start out on liberty their thoughts might not turn directly to women of low moral character. In this sense we do not mean recreational facilities in general,

but, in particular, some desirable place to go and something in fact to do while the man is on liberty that will be recreational in character. Large cities usually have everything necessary to interest and entertain the man no matter what mood he is in so long as he has money to spend. That is probably one reason why venereal disease rates are lower in some of our larger ports, in spite of the fact that prostitutes are more easily to be found, than when liberty is granted in certain smaller cities.

Variety of means for spending time ashore is of considerable importance, but this does not cover the whole problem. All inducements of a proper character of course are desirable—ball games, boxing matches, theaters, enlisted men's clubs, Y. M. C. A. buildings, etc., and some of the men will be content most of the time with such things, together with sightseeing or visits to museums and libraries, but with most of the men part of the time or much of the time there will be a longing for the companionship of women which they will satisfy by meeting women of bad character if they cannot meet women of good character. Living apart from women naturally has the effect when they do get away from the sound of the bugle and boatswain's pipe and clatter of mess gear, to make more imperative the demand for conversation and banter with the opposite sex even if nothing more than innocent fun and harmless flirtation is intended.

The Navy cannot properly safeguard the health of its men without taking these needs of the human mind into consideration.

CONTENTMENT ON BOARD SHIP HIGHLY DESIRABLE.—Conditions on board ship sometimes have considerable bearing on the rate of exposure to infection. In a happy ship men will often stay aboard when they are entitled to liberty, because if they are at peace with themselves, and the crew as a whole is contented, they can always find something interesting and worth while to do. On the other hand, in an unhappy ship they will neglect no opportunity to get away from it all for a time as often as

they can, and if they have nothing else to do they will idle away the time on street corners.

The provision of facilities for recreation on board ship in addition to gear for athletics is important in this connection, of course, but the board believes that phase of the problem is already well covered from the standpoint of promoting morale, contentment, and physical efficiency. Of course, recreational facilities on board ship and at naval stations, while they may induce many of the men to spend more time within the command than they would otherwise, do not have any effect in preventing dangerous contacts while the men are on liberty.

The relation between liberty and pay day, especially the first liberty in a port, has a good deal to do with the number of exposures that occur. For example, a battleship which had spent several weeks in New York, her home port, with comparatively few exposures as shown by the records of prophylaxis, and few cases of disease, went into Hampton Roads on a pay day. Liberty was granted every day during the three days the ship was in port. More than three times as many prophylactic treatments were given as during the much longer stay in New York.

DEPRIVATION OF LIBERTY IN RELATION TO THE PREVENTION AND CONTROL OF VENEREAL DISEASE.—The question of restricting men to the ship or station while they are infected with venereal disease requires some discussion. As a general principle the policy of restriction is sound, and there can be no question that a syphilitic with unhealed sores in the mouth or on the skin should not be permitted to expose other persons to the danger of contracting disease by contact with him or with articles, including eating and drinking utensils, which may be contaminated by him. On the other hand, most cases of syphilis and many cases of gonorrhea are of long duration, and the patient with either disease may continue for a long time in such a state that he may transmit the infection through sexual intercourse, although there may no longer be any likelihood that he will infect anybody in any other manner.

The last paragraph of General Order No. 69 of September 16, 1921, provides that, "Men under treatment for venereal disease shall not be granted liberty while in an infective stage except in case of urgent business or imperative personal necessities." The term "infective stage" can be construed variously by the medical officer, who ordinarily must decide in each case whether the disease is or is not in an infective stage. Thus, without guiding instructions or supplementary definitions there is likely to be, and the board believes there has been, an undesirable lack of uniformity in depriving men of liberty consequent to infection with venereal disease. So far as the board knows the department has never undertaken to define more accurately the conditions under which men should be deprived of liberty after becoming so infected.

The board feels that it is always a serious matter to deprive men of liberty under the conditions of naval life. Such deprivation more often than not is in itself severe punishment, because regular liberty or the opportunity to go on regular liberty, especially after cruise and work periods, is highly prized. Not infrequently restriction to the ship during an entire liberty period or for the greater part of an overhaul period has a most depressing effect on restricted individuals and often leads to absence without leave and even to desertion.

Furthermore, the knowledge that he will have no more liberty during the ship's stay in port, or for some time to come in the case of a man attached to a shore station, more than any other immediate consequence of infection leads to concealment of the disease when concealment is possible. The board believes that when disease has been acquired it is of very great importance for the good of the Navy as well as of the individual that the man should be placed under proper treatment as promptly as possible, and that such measures as are necessary or advisable to protect the health of other men should be applied.

OPINIONS OF THE BOARD REGARDING GENERAL INSPECTIONS OF CREW FOR THE DETECTION OF VENEREAL DISEASES.—Theoretically, any concealment of disease should be prevented by regularly inspecting the crew for venereal disease. In practice it is not altogether a simple matter to detect disease in the course of general inspections. The board understands that most medical officers of the Navy are of opinion that occasional surprise inspections may result in the detection of an occasional case of disease, but that regular inspections are not altogether practicable. The board believes that any good that may come from inspections of the personnel at regular intervals is, in general, outweighed by the bad effect on morale. It is recognized that inspections may be indicated under special conditions, such as to determine the physical fitness of men for special duty, to go with the landing force, or on an expedition, etc. Periodical examination of food handlers employed in the galley and of messmen and mess attendants is also conducted on another basis—namely, for the detection of any communicable disease which may make the individual as a handler of food dangerous to the health of other persons in the Navy.

General inspections of the crew for venereal disease are resented by many men, particularly by married men and men of the better type. Further resentment is caused if married men are excused. Inspection of the crew of a large ship or station requires much time if it is to be carried out thoroughly, and if the examination of each man is not deliberate and careful some cases of gonorrhea and syphilis are likely not to be discovered. Every case missed tends to weaken confidence in the ability of the medical officer. Not infrequently when a man fears he is infected and seeks examination, long and careful study is required before a conclusion can be reached. The board believes that practically complete detection of venereal diseases can be secured by promoting confidence in the Medical Department and a feeling among the crew that just treatment and good treatment will be accorded all men so

infected. It believes if conditions are satisfactory in these respects that chief petty officers and other members of the crew will see to it that men who are inclined to conceal disease will be brought to the attention of the medical officer. The board believes, however, that the question whether to inspect or not is one to be decided by the commanding officer of the organization, and that it should merely discuss the question on its merits from the evidence considered.

REVISION OF GENERAL ORDER REGARDING RESTRICTION OF VENEREAL-DISEASE PATIENTS RECOMMENDED.—With further regard to the question of restricting men to the ship or station while under treatment for venereal disease, the board believes that some modification of the requirements of General Order 69 should be made. This is another matter in which it is believed the commanding officer's judgment should play a definite part. A requirement that leads to the concealment of disease is undoubtedly bad, and if it leads to mental depression, disaffection, and thoughts of desertion it is still worse. On the other hand, there are situations where enlisted men, in spite of their promises, will have intercourse with women, who, for the most part, limit their relations to enlisted men of the Navy, so that the result of granting liberty may be more or less direct spread of disease to other men in the Navy. The situation may be different with two or three ships undergoing an overhaul period at a navy yard adjacent to a large city, in which the interests of enlisted men are more or less scattered and in which there are many prostitutes, clandestine and otherwise, many of whom are presumably already infected. Again, the situation is different during the visit of several ships or an entire fleet to a comparatively small port, such as Newport, R. I. Manifestly it might not be fair to burden the community by permitting as large a number of infected men as there might be at the time among the crews of many ships to go ashore. The situation with ships of the Asiatic Fleet is also different. The mental condition of the infected individual

may make it almost imperative that he be given a chance to get ashore occasionally or at comparatively frequent intervals.

So far as the question which has been raised in the past is concerned, that the Navy owes it to the civil community to keep its infected men out of the community, it may be said, and Assistant Surgeon General Mark J. White of the United States Public Health Service agrees, that the civil community has no right to expect that the Navy shall treat the men attending its clinics—namely, those who are taking treatment on board ship, at naval dispensaries, and in naval hospitals—any differently than the health authorities of the city and state treat the patients attending their clinics. It is perfectly obvious that any attempt to impose restrictions on the movements of men seeking treatment in public health clinics would result in little or no attendance upon the clinic.

Consequently, the board believes, and its opinion is expressed below in the language of a proposed general order which it recommends for adoption to supersede General Order No. 69, that no man having venereal disease who has been under regular medical observation and treatment for less than one month from the time the infection was discovered, provided recognized criteria of cure or control of infectivity have not meanwhile been established, should be granted liberty except in case of urgent official or personal necessity, unless in the judgment of the commanding officer the man can be trusted to follow instructions regarding his treatment and the possibility of infecting other persons, or unless in the commanding officer's judgment the probability that the man will menace the health of civilians or of persons belonging to the Navy is not great enough to justify restricting the man to ship or station.

The board believes that any man infected with venereal disease and under treatment for the same, whether or not on the sick list, who, having given his word not to engage in sexual intercourse, and who, having been ordered not to do so, disobeys such order while on liberty granted in accordance

with the provisions stated above is deserving of severe punishment.

DEPRIVING MEN OF PAY NOT AN EFFECTIVE MEANS OF PREVENTING VENEREAL DISEASE.—The board believes that the law which requires that persons in the Army and Navy shall forfeit all pay while on the sick list with venereal disease resulting from the individual's own misconduct, has, on the whole, operated unfavorably in relation to the prevention and control of venereal diseases in the Navy.

It appears very doubtful whether any considerable number of men have been deterred from sexual intercourse by the knowledge that they would lose pay if they became infected and if by that reason it became necessary for them to be excused from the performance of duty. It is not necessary here to review all the premises leading to that conclusion. To do this it would be necessary to enter into a lengthy consideration of the basic psychological principles involved. Some of these considerations have been referred to briefly above. The primary consideration is the mass of evidence that men have not been prevented from exposing themselves through knowledge of the existence of this law. The law is almost universally regarded as unjust by enlisted men and by many officers.

The worst feature about it is that while knowledge of the law does not prevent exposure it does tend to make men conceal infection when they are situated so that they can do so, and it tends to make them take the risk of developing serious complications and after effects without placing themselves under scientific and prolonged observation now recognized by public health and medical authorities as an essential element of any successful plan for combating the venereal diseases. The law induces many men who are in need of follow-up treatment in persistent cases of gonorrhea and syphilis to deny primary infection and to withhold important information from the medical officer.

In many instances men undergoing treatment for venereal disease have been reported as having no money and no credit

to purchase such necessary things as toilet articles. Often dependents suffer severely from being deprived of allotment money while infected individuals are held on the sick list.

The board was informed that the records of the American Social Hygiene Association indicate that the tendency in recent years has been for the railroads and industries of the United States to recognize the desirability of removing the stigma from venereal disease patients as much as possible and of not discriminating between them and employees affected with any other kind of disease so far as medical service provided by the employer is concerned.

The board recommends that such steps as may be practicable be taken, looking to the repeal of the law in so far as it applies to persons belonging to the Navy and disabled as a result of venereally acquired infection.

EDUCATIONAL MEASURES HIGHLY DESIRABLE.—As Bishop Freeman has often exclaimed in sermons preached from Bethlehem Chapel of the Washington Cathedral, “You cannot make people good by legislation!” On the other hand, the board believes that much in the way of preventing men from exposing themselves to venereal disease is possible through education. General Order No. 69, now in force, contains the following expressions:

Most men who come into the Navy are young and inexperienced and are therefore to be warned particularly of the dangers to which they will be exposed if they indulge in illicit sexual relations. Emphasis shall be laid upon the moral and physical evils of incontinence. It shall be made clear that continence is not incompatible with health and the fullest degree of physical and mental vigor.

All men of the Navy shall receive thorough instruction as to the nature and dangers of venereal diseases and they shall be warned that continence is the only sure means of avoiding venereal disease. As much use as possible shall be made of literature, posters, lantern slides, or other material provided by the Bureau of Navigation in coöperation with the Bureau of Medicine and Surgery to supplement instructions given by medical officers.

These instructions are comprehensive and, the board believes, suitable so far as they go. However, the effect of instruction must necessarily depend largely upon the manner in which it is given and very often upon the special ability of the one endeavoring to secure an educational effect to speak convincingly in public or to a small group of men. It is believed that enlisted men of the Navy too often receive but little effective instruction in this connection after leaving a naval training station, for various reasons, including the multiplicity of ship duties, which leaves but little time for the formal instruction of any great part of the crew in such subjects; lack of special aptitude of the medical officer for addressing the crew on the subject of illicit sexual intercourse, with due emphasis upon the moral as well as the possible physical consequences thereof; failure to cultivate a public opinion among the crew that is necessary if the instruction given is to have any great effect; and failure of the commanding officer to recognize the importance of requiring that instructions be given at suitable intervals, and of making such arrangements as will permit the instruction to be given in an effective manner.

The board believes that all recruits should be carefully and thoroughly instructed while at the naval training station at the very beginning of their service in the Navy. While such instruction is now a recognized feature of the course of training at all naval training stations, the board has reason to believe that the instruction given is in some instances too perfunctory in character, and that too much of it is left to hospital corpsmen rather than forcefully executed by a medical officer who has been well selected and suitably trained to make him a convincing instructor. It is believed, too, that the instruction given not infrequently places too much emphasis on the necessity for taking prophylactic treatment as compared with instruction planned to prevent exposure.

The board believes a line should be drawn between the act of exposure and measures subsequently applied to prevent

infection. It believes the individual should be regarded as a subject who may profit by good advice and sound instruction until the moment when such advice is no longer capable of preventing disease as indicated by acknowledgment of exposure or request for prophylactic materials. The board recognizes the importance of inducing men to avail themselves of disinfection as promptly as possible in case of exposure, but it believes that no undue emphasis should be laid upon medical prophylaxis in conducting the required instruction relative to the nature and dangers of the venereal diseases.

The board understands that funds are no longer available to purchase or produce posters, pamphlets, moving picture films, and other materials to supplement instruction given by medical officers as contemplated by General Order No. 69. It appears that through long service, supplies of such materials have been used up and replacements have not been possible during the past year. The board believes that this feature of the campaign against venereal diseases is of sufficient importance to warrant the necessary expenditure of money to carry it on effectively.

The board recommends that appropriate language be used in a general order superseding General Order No. 69 to make it clear that the department expects instruction to be given formally and in a forceful manner to the personnel of all ships and stations at suitable intervals.

The board recommends that there be assigned to each naval training station a medical officer especially qualified to give the required instruction effectively, and that so much of his time as may be required be devoted to the end that all recruits trained at the station will be thoroughly instructed.

The board further recommends that the Bureau of Medicine and Surgery outline the instruction to be given with a view to standardizing, so far as practicable, essential precepts the teaching of which shall be required.

MEDICAL PROPHYLAXIS NECESSARY.—The board believes that no matter how well instructed the personnel in general may be,

many men will expose themselves, and consequently medical prophylaxis must be enforced. Experience has shown that painstaking efforts to instruct the crews of naval vessels have not sufficed to prevent exposures to any noticeable extent during visits in foreign ports. In the case of one ship, a battleship, during a week's stay in a Mediterranean port, after the most careful endeavors of the commanding officer, the medical officer, and the chaplain, to see to it that all men were thoroughly instructed and informed as to the danger, the records of prophylactic treatments given, when checked against the muster roll of the ship, indicated that more men could hardly have been expected to expose themselves if no instruction had been given.

With regard to men serving ashore in foreign countries as well as the personnel of ships visiting foreign ports, the board believes that without compulsory disinfection after exposure there would be at best a great many cases of venereal disease which could have been prevented by prophylactic treatment promptly and properly administered. In somewhat less degree this statement is true for men granted liberty in domestic ports.

From the evidence before it the board believes that many men will for various reasons avoid prophylaxis unless compelled to report exposure and submit to disinfection. General Order No. 29 of January 5, 1921, later superseded by General Order No. 69 of September 16, 1921, required that all men upon returning to their ships or stations should be given opportunity to report voluntarily at the dispensary exposure to possible infection without delay and that those so reporting should receive prophylactic treatment. The order also required that suitable records of treatments administered should be kept, and that, when proper instructions had been given, failure to report for prophylactic treatment should be regarded as cause for disciplinary action for disobedience of orders, and that men developing venereal disease who had not

reported exposure promptly upon returning to ship or station should be reported to the commanding officer in every instance.

According to the provisions of General Order No. 69, prophylaxis is purely voluntary unless the commanding officer or a force or fleet commander chooses to issue an order making the reporting of exposure and submission to disinfection compulsory within his jurisdiction. This has been done in the Asiatic Fleet and in certain other forces.

In touching upon this point the Surgeon General of the Navy, in his Annual Report for 1924, remarked:

Experience indicates that, by and large, prophylaxis is not sought by the men and that it will be neglected more often than not unless they are compelled to report for treatment after having exposed themselves to possible infection. This measure of prevention, therefore, cannot be applied with hope for uniform success without disciplinary action in cases where failure to submit to disinfection can be proved. The success of this measure therefore depends in part upon varying attitudes of commanding officers.

Again, in alluding to General Order No. 29, the Surgeon General states that there was altogether too much variation in the manner in which it was carried out. He wrote, "So far as the bureau could judge, in many instances men were not punished for failure to report exposure and submit to disinfection in cases where failure could be proved, and there was a good deal of variation in the nature of the punishment awarded."

The board recommends that the following language be incorporated in a general order to supersede General Order No. 69:

All men of the Navy shall be informed that failure to report exposure to possible venereal disease through illicit sexual intercourse as promptly as the circumstances permit, and failure to take prophylactic treatment as prescribed by the medical officer constitutes a violation of this general order. Wherever prophylactic treatment is administered a loose-leaf daily record shall be kept, showing the names of men reporting exposure, the date of exposure, name of the port or other place, the time in hours and minutes elapsing between exposure

and prophylactic treatment, and, if administered ashore, the names of the organization to which the men are attached. Each day the record for the preceding 24 hours shall be signed by the hospital corpsman supervising the treatment, removed from the treatment room, and marked so that names can not subsequently be entered. Such records shall be regarded as confidential and shall not be kept permanently but shall be destroyed as soon as they have served statistical and other purposes.

In every instance of venereally acquired infection, when the established facts support the conclusion that the man did not promptly report exposure and take prophylactic treatment under supervision, the man shall be reported to the commanding officer for disobedience of this order. The department considers that this offense is of such a nature as to warrant trial by summary court martial.

The board considers that the form of prophylaxis and methods of administering treatment are matters which properly come within the province of the chief of the Bureau of Medicine and Surgery, and it has no suggestions to make regarding them. It understands that the Bureau of Medicine and Surgery has devoted much time and thought to the experimental development of prophylactic materials of increased preventive value in order that better protection against infection with syphilis may be afforded those who wish to avail themselves of prophylaxis promptly after exposure. The board feels that syphilis is so dangerous a disease that every practicable effort should be made to induce men not to neglect the prompt application of the prophylactic agents made available by the Bureau of Medicine and Surgery invariably in case of exposure.

PROMOTION OF SOCIAL OPPORTUNITIES FOR MEN ON LIBERTY VERY IMPORTANT.—The board feels that much can be done to prevent men of the Navy from becoming infected with venereal disease by more direct efforts on the part of the Navy Department than have been made in the past to promote acquaintanceship

between enlisted men of the Navy and young women of good character in the various communities visited by naval personnel.

It believes that many dangerous contacts, at least in cities of the United States, would be avoided if enlisted men of the Navy had approximately the same opportunity that young men in civil life have for companionship with the opposite sex. Men attached to shore stations such as navy yards, those on recruiting duty, etc., and even the crews of ships having fixed home ports, do have such opportunity in varying degree, and it is significant that venereal disease admission rates for such groups of naval personnel are comparatively low and in some instances very low indeed.

Certain considerations based on knowledge of human nature as well as the statistics examined by the board lead to the conclusion that all service conditions which discourage marriage or tend to prevent men from being in any one community long enough or often enough to make desirable friendships in the community, which can be resumed at regular intervals, have an adverse effect upon venereal disease expectancy. From the standpoint of venereal disease prevention it would be very helpful if home ports for the force afloat could remain unchanged, so that married men could establish their families there, and all men could feel that they had a permanent base to which they could regularly return at frequent intervals.

Without opportunities for the men to form associations and enduring friendships with young women of good moral character the venereal disease problem must to that extent be more difficult to solve. Transfers to other stations and change of home port from one navy yard to another require that new associations be formed, and associations with immoral women in the strange community are formed much more readily and rapidly than among respectable families.

The board gave careful consideration to the following para-

graphs in the Report of the Surgeon General of the Navy for 1924:

The Navy cannot ignore the chief issue concerned and hope to attain success in protecting its health. The whole question hinges on human nature and the fact that the men must have or will have the companionship of women. The thoughts of the men quite constantly turn to women. While with some the principal object almost invariably associated with liberty may be to find a prostitute, in the minds of many or most of the men the uppermost idea is the desire or longing for the companionship of a young woman or girl who is socially and intellectually compatible. When he can become acquainted with moral or ostensibly virtuous women of this sort, the bluejacket is ordinarily content and will behave himself—at least he will less frequently seek women of the other type with a consequent reduction in the rate of exposure to infection. The Navy's need in this respect is already recognized by certain churches and unofficial organizations in cities adjacent to navy yards and naval bases. In some instances well-informed women, suitably trained, are employed at good salaries to act as hostesses and direct the work of providing entertainment of a proper character for the men on liberty. Places are provided where they can meet young women of the right sort under proper conditions, and dances and other entertainments are given at frequent intervals. In a limited way excellent results have attended such efforts, but, if possible, the Navy should take the lead in such work and then look to outside agencies for coöperation. It is believed that steps should be taken to secure the services of a certain number of well-qualified women, preferably college graduates with thorough training in sociological work, as full-time and well-paid employees. A woman of this type at a naval base or port in which large numbers of the enlisted men are regularly or frequently granted liberty could accomplish a great deal, acting as hostess, perhaps, under certain conditions, but in a larger way by acting as a link between the naval authorities seeking the coöperation of the women of the community and making the coöperation of organizations already interested more effective. Indirectly, the activities of a well-trained woman of this character could well be expected to lead also to a better understanding with the local authorities, including the police department and courts.

There are plenty of young women who would make desirable friends

for the men in all our cities and who would be glad to become acquainted with them under proper conditions and participate in dances and other approved forms of diversion enjoyed by both sexes. The promotion of such relationships is an important objective in any plan calculated to control venereal disease in the Navy. The men do become acquainted quite generally in fixed home ports, and the beneficial result is illustrated by the visits of ships of the battle fleet at New York this year. Nearly all the ships that went there returned very high admission rates for venereal disease as the result of the visit. When the U. S. S. *Arkansas*, U. S. S. *Wyoming*, and other vessels which have New York as their home port returned after spending the winter in southern waters they did not experience more than the expected number of admissions. The members of their crews for the most part had many acquaintances and girl friends it may safely be presumed.

The opinions and ideas of representative men and women were sought with a view to determining the practicability of carrying out the suggestions contained in the paragraphs quoted above, and of determining what activities would be likely to accomplish desired results and to what extent coöperation might be secured among men and women in communities where it might prove advisable to demonstrate the feasibility of providing desirable social contacts and entertainment for enlisted men of the Navy.

The board found that the mere suggestion that the Navy Department was considering the advisability of promoting coöperation with civil agencies to improve the conditions surrounding its enlisted men while on liberty at once aroused great interest and brought forth assurances of substantial aid from such organizations as the American Social Hygiene Association, the Girl Scouts of America, the Bureau of Social Hygiene, New York City, the Playground and Recreation Association of America, and the National Congress of Parents and Teachers.

There was general agreement among those who conferred with the board that ample coöperation and assistance could be obtained from leading women and women's organizations

in practically all cities near navy yards and naval bases to make the undertaking a success if the Navy would take the lead by seeking coöperation and by sending a woman of suitable attainments into the community to promote coöperation and to assist in organizing community resources to the desired end.

The women present at the conference agreed that young women of good character who would make desirable friends for men of the Navy and who would be glad to become acquainted with them under proper conditions were numerous enough in at least the larger cities to make organized efforts to bring about such meetings worth while. The likelihood that unfortunate results would follow in some cases was not regarded as a contraindication. This consideration was dismissed with the statement that contacts for young women among men of the community could not be guaranteed 100 per cent safe.

SUGGESTED PLANS FOR SOCIOLOGICAL WORK.—Miss Winifred Callahan of the Women's Protective Association of Cleveland, Ohio, who has studied conditions surrounding certain naval stations, submitted by letter the following suggestions relative to possible activities of a trained woman serving as a full-time employee under the direction of the commandant of a naval district or base:

Objectives—

I. To present clearly to the commandant of a naval station, and to the community or communities adjacent to the station, a practical, constructive program for protective social measures.

II. To endeavor to secure within the naval station such coöperation as would be helpful toward the successful carrying on of such a program.

III. To awaken interest and responsibility in the civic consciences of the community or communities adjacent to the naval station to the extent that they will support an effort to operate effectively a program of protective social measures.

IV. To foster the spirit of helpful coöperation between the Navy

personnel and the civilian populace that they might better meet the problems of morals and health that arise in a locality geographically common to both.

Suggested program for protective social measures practical for operation through a trained woman attached to the office of the commandant of a naval station—

1. Informational measures:

(a) Most important is the acquiring of broad information concerning the existence in the community near the naval station of sources responsible for the spread of venereal disease.

(1) Girls and women—

The causes of venereal diseases are most deeply embedded in social instincts. The morals and health of Navy personnel are influenced chiefly by the character and health of the girls and women with whom they associate and the general conditions existing in the locality where such associations are formed.

Because girls and women play such an important rôle in the moral and physical welfare of the man in the Navy it follows that sexual promiscuity and venereal diseases are tremendously influenced through the presence of delinquent, predelinquent, and feeble-minded girls and women in the vicinity of a naval station.

Therefore, according to the extent to which the above-mentioned types of girls and women are brought to the notice of a worker devoted to such an undertaking—who could refer them to the proper agencies for medical, legal, or social treatment—to a proportionate extent can safety to the health of Navy men be increased.

Valuable sources of information concerning such girls are available through coöperating with the following: Medical officers of the Navy; chaplains of the Navy; intelligence officers; administrative officers; enlisted Navy personnel; police department; welfare agencies such as Red Cross, attached to or coöperating with the naval station; coöperating social, civic, and legal agencies in the adjacent community.

Through the contacts made with the girls and women the following would result:

Information secured conducive not only to the protection, rehabilitation, and readjustment of the individual but for the protection of the community and the Navy.

Information secured concerning community conditions that lead to delinquency and the spread of venereal diseases.

Information secured disclosing inadequate enforcement of laws and ordinances, or a need for new laws and ordinances or a revision of the old ones.

Information secured furnishing facts upon which the Navy and the community might arrive at a more nearly accurate judgment of the causes of delinquency and prostitution and the effects of the same upon naval personnel.

Such information effective in providing suggestions for remedial sources of procedure.

(b) Distributing, with the approval of the commandant, of such information as might work for the protection of the Navy and the community. (Social organizations, the press, the platform, conference with law-making and law-enforcing officials, and reliable social agencies.)

2. Safeguarding measures:

(a) Secure and maintain clean, safe, and wholesome commercial and noncommercial amusements, recreations, play, and entertainment. (Coöperation of community forces, for regulation, legislation, and inspection.)

(b) Safeguard transportation facilities, public thoroughfares, and social groups. (Community forces coöperating.)

(c) Preventive measures—

(1) Encourage in every way possible enforcement of city ordinances against offending dance halls, hotels, rooming houses, taxicabs, street walkers, etc.

(2) Encourage enforcement of state laws against prostitutes, panderers, etc.

(3) Encourage enforcement of Federal laws against interstate traffic in women.

(4) Secure detention, isolation, quarantine, and if necessary the commitment of women carriers.

(5) Enlist the aid of every resource possible in the community that might tend to prevent girls from becoming sex delinquents.

(d) Remedial and restorative measures (to be applied to girls and women influencing the health standards of naval personnel)—

(1) Medical treatment—

(a) Secure provision for proper medical treatment and hospitalization for venereally infected girls and women. If the community does not afford facilities for the same, endeavor to inculcate a proper appreciation of the obligation for providing them.

(2) Legal treatment—

(a) Close coöperation with all courts, especially the juvenile court.

Resort to legal treatment for infected girls and women to be had only when all other social welfare procedures seem unwise or impossible.

(3) Social treatment (girls and women)—

(a) Physical examination; (b) mental examination; (c) establish good living conditions as to food and lodging; (d) secure placement in school or at work; (e) provide for wholesome recreation; (f) encourage religious practices within the individual's affiliations and a desire for cultural pursuits.

The following results favorable to the welfare of naval personnel might reasonably be expected from carrying out the above program:

1. A decrease in venereal diseases among men of the Navy.
2. The inculcating, to a certain degree, of ideals of moral self-control.
3. Securing the enactment of social laws and ordinances.
4. Decreasing commercialized vice.
5. Preventing delinquency among juvenile girls.
6. Favorable constructive results obtained from high-class social case work with delinquent girls and women.
7. Change in public opinion regarding venereal disease.

In inaugurating and pursuing the above program the following might be considered:

1. That all contacts made with communities of the general public, by a trained woman attached to the office of the commandant of a naval station, should be done so with his sanction after he has re-

viewed the subject to be presented, as well as to whom and in what manner to be presented.

2. That, in the opinion of the writer, as much if not greater damage to the moral and physical welfare of the men in the Navy comes from their promiscuity with delinquent girls of tender years, whose associations with them are not for commercial purposes. Conceding this to be true, the situation calls for the most skillful type of preventive and correctional work with girls, the same to be approached from a constructive social point of view.

3. That all matters pertaining to the personal affairs of Navy men and girls must be treated with the utmost confidence and kindness and references to them made only with the greatest discretion, even when such personal affairs are being brought to the attention of individuals or groups legitimately authorized to deal with corrective and constructive methods.

Dr. Valeria H. Parker of the American Social Hygiene Association, in the light of her experience as executive secretary of the United States Interdepartmental Social Hygiene Board, presented the following tentative outline of a plan which might be followed in the beginning by a community worker employed by the Navy:

I. Survey of port cities and naval centers.

A. Girls frequenting naval district.

B. Recreational agencies.

C. Sailor problems as viewed by community agencies.

1. Voluntary. 2. Official.

D. Community resources for coöperative program.

E. Facilities for venereal disease treatment.

1. Sailors. 2. Girls.

F. Venereal disease statistics of United States Navy in relation to localities of infection on "shore leave."

II. Demonstration program in one or more port cities or naval centers to test the practicability of the program.

III. Secure the appointment of a social worker or other qualified person in each community to take charge of the program.

IV. Community agencies of possible assistance in program:

Patriotic and civic welfare organizations, including Rotary, Kiwanis, churches, Young Men's Christian Association, Young Women's

Christian Association, Federation of Women's Clubs, chambers of commerce, Daughters of American Revolution, parent-teachers' associations, Woman's Christian Temperance Union, Gold Star Mothers, Women's Relief Corps, Girl Scouts, business and professional women's clubs, playground and recreational associations.

Individuals interested in protective program for young men of the United States Navy.

V. Possible committee activities: Provide rooming lists (after investigation); provide amusement lists; provide club entertainment (large cities); list persons willing to entertain house guests; list persons willing to give special dinners; provide special entertainments in honor of sailors, such as drives, dances, etc.; provide hut for reading, smoking, receiving women friends; secure coöperation of mayor, city officials, and police; establishment of women's bureaus in police departments of larger towns and cities whenever possible; secure supervision and licensing of public amusement places.

VI. Under-cover investigation:

This should be made in every community visited by the United States Navy. (Possible coöperation of American Social Hygiene Association.) With this report as a basis, special agent should attempt to secure the coöperation of local officials in a "clean-up" of bootleggers and prostitutes preying upon the sailors. A check-up investigation should be made six months later.

VII. Coöperation with naval authorities:

Under the authority of the United States Navy the worker should endeavor to secure the active coöperation of commanding officers, chaplains, and surgeons in the successful carrying out of a constructive "shore leave" program.

EMPLOYMENT OF TRAINED SOCIAL WORKERS RECOMMENDED.—The board recommends, with a view to the gradual development of coöperative social activities under the direction of the Navy Department, that a woman of suitable character and training, experienced in sociological work and of agreeable and forceful personality, be employed in the Bureau of Navigation, at whatever salary may be necessary to secure the services contemplated, to assist in studying the social problems involved in the several naval districts and principal communities thereof, for the purpose of formulating practical

plans for placing in the field other women of suitable qualifications to work under the direction of the respective commandants of naval districts or of naval stations in all communities regularly or frequently visited by naval personnel in sufficient numbers to justify carrying on such activities.

From the comments made by the men and women with whom conferences were held the board is convinced that the adoption of the plan as proposed would so strengthen the confidence of the parents of the Nation in the earnest desire of the Navy to promote the health and welfare of its men and foster correct ethical, moral, and social habits, that the benefits accruing would by no means be limited to the prevention of disease. The initiation of such a plan would seem to be justified from the recruiting standpoint, as well as naval efficiency in general, on account of increased willingness of parents to have their sons enlist in the Navy.

SUMMARY OF THE BOARD'S RECOMMENDATIONS.—In concluding this report the board makes the following specific recommendations:

(1) That such steps as may be practicable be taken looking to the repeal of the law which requires that persons in the Army and Navy shall forfeit pay while on the sick list with venereal disease resulting from the individual's own misconduct in so far as it applies to persons belonging to the Navy.

(2) That there be assigned to each naval training station a medical officer especially qualified to give instruction regarding venereal diseases in an effective manner, and that so much of his time be devoted to this duty as may be required to insure that all recruits will be thoroughly instructed before leaving the station.

(3) That the Bureau of Medicine and Surgery outline the instruction to be given regarding venereal diseases, with a view to standardizing, so far as practicable, essential precepts the teaching of which shall be required.

(4) That a woman of suitable character and training, experienced in sociological work, and of agreeable and forceful personality, be employed in the Bureau of Navigation, at whatever salary may be

necessary to secure the services contemplated, to assist in studying the social problems involved in the several naval districts and principal communities thereof for the purpose of formulating practical plans for placing in the field other women of suitable qualifications to work under the direction of the respective commandants of naval districts or of naval personnel in all communities regularly or frequently visited by naval personnel in sufficient numbers to justify carrying on such activities.

(5) That the following paragraphs, which include certain other recommendations, be adopted and published to the naval service as a general order to supersede General Order No. 69:

Measures for the prevention and control of venereal diseases—

1. General Order No. 69, dated September 16, 1921, is hereby superseded and canceled.

2. Most men who come into the Navy are young and inexperienced and are therefore to be warned particularly of the dangers to which they will be exposed if they indulge in illicit sexual relations. The department directs that instruction be given formally and in a forceful manner to the personnel of all ships and stations at suitable intervals. Emphasis shall be laid upon the moral and physical evils of incontinence. It shall be made clear that continence is not incompatible with health and the fullest degree of physical and mental vigor.

3. Thorough instruction shall be given as to the nature and dangers of venereal diseases. As much use as possible shall be made of literature, posters, lantern slides, or other material provided by the Bureau of Navigation in coöperation with the Bureau of Medicine and Surgery to supplement instruction given by medical officers.

4. All men shall be informed that failure to report exposure to possible venereal disease through illicit sexual intercourse, as promptly as the circumstances permit, and failure to take prophylactic treatment, as prescribed by the medical officer, constitute a violation of this general order.

5. Proper facilities shall be provided for the prompt examination and treatment of men who have acquired a venereal disease or who have been exposed to infection. Where practicable, when large liberty parties are sent ashore, or when other conditions are such as to make it advisable, proper facilities for giving prophylactic treatment shall be provided in a suitable place ashore.

6. Wherever prophylactic treatment is administered, a loose-leaf daily record shall be kept, showing the names of men reporting exposure; the date of exposure; the name of the port or other place; the time in hours and minutes elapsing between exposure and prophylactic treatment; and, if administered ashore, the names of the organizations to which the men are attached. Each day the record for the preceding 24 hours shall be signed by the hospital corpsman supervising the treatment, removed from the treatment room, and marked so that names cannot subsequently be entered.

7. Every case of venereal infection, regardless of the degree of disability involved, shall be made a matter of statistical record.

8. No man having venereal disease who has been under regular medical observation and treatment for less than one month from the time infection was discovered, provided recognized criteria of cure or control of infectivity have not meanwhile been established, shall be granted liberty except in case of urgent official or personal necessity; unless, in the judgment of the commanding officer, the man can be trusted to follow instructions regarding his treatment and the possibility of infecting other persons, or unless in the commanding officer's judgment the probability that the man will menace the health of civilians or of persons belonging to the Navy is not great enough to justify restricting the man to ship or station.

9. In every case of venereally acquired infection, when the established facts support the conclusion that the man did not promptly report exposure and take prophylactic treatment, under supervision, the man shall be reported to his commanding officer for disobedience of this order. The department considers that this offense is of such a nature as to warrant trial by summary court-martial.

10. Commanders in chief, division commanders, commandants, and other officers charged with the inspection of individual organizations shall include in their inspection reports a statement as to the manner in which this order is being enforced.

RANDALL JACOBS,
Commander, U. S. Navy.

JOSEPH R. PHELPS,
*Lieutenant Commander, M. C.,
U. S. Navy.*

CLARENCE E. NUTTING,
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EDITORIAL

MAINTAINING A BALANCE

A number of the workers in social hygiene and allied fields, who attended the Association's Annual Business Meeting, were kind enough to say that the JOURNAL is helpful to them in their dealing with the problems of their immediate concern. Each group, however—educational, medical, legal, and protective and recreational—felt that it “might have been better” if more attention had been given to the specialized field of that particular group. And we are confident that the Editorial Board will agree with all of them, and that the only reason for not acceding to all their desires is lack of available space. It has been the Board's constant aim to maintain a fair balance of interests in the contents of issues from month to month, and the fact that each group feels just a bit slighted may indicate real success in attaining that aim.

This month sees the publication of two notable accounts of progress in venereal disease control, one outlining the achievements of Dr. Desloges and his associates in the Province of Quebec, the other summarizing the program evolved in the United States Navy under the leadership of Admiral Stitt. The Navy report shows a noteworthy change from older traditions which attempted to deal with morale almost wholly from physical angles. Its insistence on the value of educational, legal, protective, and recreational measures *in addition to* those of a medical nature is a strong testimonial to the value of the whole social hygiene program. Similarly the Canadian officials come out strongly for repression of prostitution, and for the social hygiene education of all the population.

In the March issue, the JOURNAL will carry several articles on methods of sex education, outlining features of some of the programs developed in various schools. These descriptions of actual work will, it is believed, be of decided assistance to many educators—of which class all parents are, or should be, members.

Most questions in the fields of social hygiene legislation and general social ethics will be dealt with in April and May, in a series of well-considered articles. For June, the Board is preparing to issue a Book Review Number, as was done last year, and it is hoped that those librarians and other interested persons desiring evaluations of social hygiene publications will send the names of the books to the editor as early as possible.

In closing, may we remind you that this is not the Board's JOURNAL but the Association's—that you and all other members and friends can help in making it better by mailing in suggestions and criticisms at any time. If there should be an overbalance in the material published, we trust it will be on the side of discussion rather than on that of dogma.

SOCIAL HYGIENE BULLETIN

*Continuing the SOCIAL HYGIENE BULLETIN which was published
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Extensive Clinic Efforts in Boston.—The Boston Dispensary conducts on three evenings a week as well as every weekday forenoon the largest clinic in New England dealing with venereal disease. Although its service is purely medical, a social service officer is maintained to enlighten patients as to the nature and consequences of the venereal diseases and to correspond with many in a follow-up system. In 1924 the dispensary treated 3145 patients of whom 1599 came to the morning clinics for treatment and 1546 to the evening clinics. This shows a marked increase in attendance, but it is not as high as that immediately following the war. The increase in the number of patients attending the clinic may, in part, be accounted for by the

fact that it is now an indictable offense not to report and that many of those who formerly resorted to quacks or neglected their condition entirely are now reporting for treatment to recognized state clinics such as that conducted by the Boston Dispensary.

Missouri Association Elects Officers.—Dr. George R. Dodson, Pastor of the Church of the Unity, was elected Honorary President of the Missouri Social Hygiene Association at the annual meeting on December 18, 1925. Dr. Martin F. Engman, Professor of Dermatology at Washington University Medical School, was reëlected President, and the Vice-Presidents elected were Mrs. Ira L. Bretzfelder, J. Lionberger Davis, Dr. Frances L. Bishop, and the Reverend Alphonse M. Schwitalla. Mrs. Joseph W. Lewis was elected Secretary-Treasurer. Directors added to the Board were Miss Claribel Wheeler, Ethan A. Shepley, Dr. D. K. Rose, Dr. J. H. Humphrey, and Professor John A. McGeoch. Dr. Harriet Stevens Cory was appointed to the staff of the Association for part-time service in connection with the education program. Reports on the work of the Association for 1925 were made by Mrs. Ira L. Bretzfelder, Mrs. Virgil Loeb, Mrs. D. O. Ives, and Dr. Montrose P. Burrows.

Pamphlet Instruction Reduces Venereal Disease Cases.—The practical value of giving young men information regarding the venereal diseases is attested by word received by the United States Public Health Service from one of the recruiting agencies of the United States Shipping Board. Some time ago, the Public Health Service supplied the Recruiting Service of the Shipping Board with pamphlets suitable for distribution to young men. These were given out to the men of the crews on vessels operating to the Orient and the results have been designated as "far reaching." Physicians attached to passenger vessels report that the distribution of these pamphlets among the crews had the effect of very considerably reducing the number of venereal disease cases.

American Board of Otolaryngology.—An examination will be held by the American Board of Otolaryngology in Dallas, Texas, on Monday, April 19, 1926, and in San Francisco, California, on Tuesday, April 27, 1926. Application should be made to the Secretary, Dr. H. W. Loeb, 1402 South Grand Boulevard, St. Louis, Missouri.

Economics Association to Meet in Minneapolis.—Announcement has been made that the nineteenth annual meeting of the American Home Economics Association will be held in Minneapolis, Minnesota, June 28 to July 3, 1926.

“Keeping Fit” Campaign.—The Department of Health of Syracuse, New York, and the Syracuse Health Demonstration, with coöperation from the United States Public Health Service, the New York State Department of Health, and the American Social Hygiene Association, conducted a “Keeping Fit” campaign in Syracuse from January 18th to 31st. Special moving pictures were prepared to use in this campaign and local speakers, physicians, and health workers assisted in carrying out the program. The American Social Hygiene Association loaned books, slides, and exhibits and supplied a considerable amount of social hygiene literature for free distribution during the campaign.

New Public Health Secretary.—Dr. R. G. Leland, a public health expert of wide experience, commenced his duties as executive secretary of the Toledo, Ohio, Public Health Association on January first. Dr. Leland succeeds Dr. H. E. Kleinschmidt who left Toledo, after an unusually successful administration, to become director of the Bureau of Health Education, Ohio State Department of Health. Dr. Leland was formerly associated with the Ohio State Department of Health and for six years was in charge of the Division of Hygiene. He is a member of the American Social Hygiene Association and other public health organizations.

Venereal Disease Reporting in New York City.—In the Bureau of Preventable Diseases Annual Report for 1924, Dr. Louis I. Harris states that despite efforts in New York City during the past 10 years and more to secure the reporting by physicians and those in charge of hospitals, dispensaries, and private diagnostic laboratories, of cases of venereal disease, the number of such reports received by the Department of Health has been absurdly small. He says that it is a common experience of public health investigators to find persons affected with syphilis and gonorrhea in a most readily communicable form in close contact with the adult and child members of their families or who are employed in capacities that make them serious possible sources of infection. Dr. Harris believes that hos-

pitals for the care of cases incapable of securing proper isolation or of avoiding contact with others are an obvious and imperative necessity. In urging prompt reporting of all cases of venereal disease, he says, "How can we consistently attempt drastic measures of law enforcement against so-called 'Houses of Health' and various institutions and self-proclaimed genito-urinary 'specialists,' who shout about their wares through the medium of the foreign language or even the English-speaking press, and other advertising media, when doctors of otherwise high ethical standing are tarred with the same stick? It is obviously important to know how much of venereal disease there is in the community, and its distribution by age, sex, nationality, and occupation."

400,000 Pounds for Venereal Disease Control in Great Britain.—That the British Government is fully alive to the gravity of the problem of the venereal diseases and to the importance of doing everything possible for the improvement of the public health in this respect was made clear by the Rt. Hon. L. S. Amery, Secretary of State for the Colonies, in the opening address of the Imperial Social Hygiene Congress, which convened last October under the presidency of Sir Auckland Geddes. The ancient policy of hushing up the evil, said the Secretary, could only give dangerous results, but happily that point of view has entirely vanished. In 1911, it was most difficult to get a single member of Parliament to speak on the subject and when, in that year, Lloyd-George, as a young member, pleaded for a recognition of these diseases, he felt almost an outcast. The changed outlook is indicated by the fact that in 1924 nearly 400,000 pounds was spent by the Government in improving the social health of the country. The situation, according to Mr. Amery, is distinctly hopeful, because, from the medical point of view there is no range of disease so definitely capable of being dealt with and cured if public opinion is only strong enough. This weakness of public opinion, reflected in ignorance, indifference, and fatalism, has been the great difficulty in the past. It is believed that the problem can be solved by treating these diseases quite frankly as diseases, by making medical care easy and natural, and by removing all question of stigma.

Exhibition of Medical Education at Cincinnati.—Under the auspices of the Public Health Federation of Cincinnati and with the coöperation of the Cincinnati Academy of Medicine, the College of Medicine

of the University of Cincinnati is preparing a free public exhibition of its activities, to be held during the third week in February. The exhibition will be staged at the College of Medicine and will be open afternoons and evenings from February 16th to 22nd inclusive. It will consist of static exhibitions from the various departments, of daily sessions of short educational talks on medical topics, and of moving picture shows illustrating the various phases through which a student of medicine must pass before he can accumulate enough knowledge to be fitted for the practice of his profession. The text of the exhibition will be "The Physician in the Making," the slogan: "What Medical Science Means To You."

Georgia's Work in Venereal Disease Control.—Dr. Joe P. Bowdoin, Director of the Venereal Disease Control Division of the Georgia State Board of Health, stated in the Board's annual report for the year 1924, that the work of the Division during the year consisted largely of educational work among teachers and high school pupils. The United States Public Health Service detailed to Georgia two of its educational workers for a number of months.

The number of social hygiene pamphlets distributed compares favorably with the preceding year, and 1800 columns of material were prepared and sent out to weekly newspapers during the year. Beginning with July, the federal appropriation for 1924-1925 was only \$685.84, and there is little prospect of any funds for the year 1925-1926. In 1918 the state received \$32,000 for this work. If this fund is entirely withdrawn Dr. Bowdoin believes that the state should create an appropriation for this work.

New Films Available.—The United States Public Health Service has recently announced the release of strip film views illustrating lesions of syphilis and of skin diseases simulating syphilis. The preparation of these pictorial studies in such convenient and serviceable form was made possible through the courtesy of a number of eminent syphilologists and dermatologists whose private collections of photographs were used in making the strip film pictures. The views are taken from both acquired and congenital cases. They depict not only the usual genital and extra-genital lesions but a number of rare and unusual views are also shown.

According to the Surgeon General's announcement, the plan for using this new facility contemplates its distribution through the

various state boards of health to medical societies, medical schools, and hospitals. It is believed that the presentation of these views will prove an effective means of increasing the interest and assistance of physicians and others in the furtherance of the coöperative venereal disease control program. The Public Health Service is preparing a number of copies of each film so that each state board of health may be supplied. These films are not for sale, but are released to state boards of health for extended periods.

Dr. Harris Appointed Health Commissioner.—Mayor Walker of New York City has appointed Dr. Louis I. Harris health commissioner of the city. Dr. Harris, who, under the previous administration, was head of the bureau of preventive diseases, has been in the service of the health department since 1907. He is a lecturer on hygiene at Bellevue Hospital Medical College, chairman of the section on Public Health Administration of the American Public Health Association, a trustee of the United Hebrew Charities, and president of the Association of Tuberculosis Clinics of New York City. He has always considered the control of venereal disease as an outstanding public health problem and has been most active in promoting a progressive policy in this field.

ASSOCIATION NOTES

The National Panhellenic Congress, held in Dallas, Texas, January 5th to 9th, represented nineteen Greek lettered women's societies. Dr. Valeria H. Parker, Director of the Department of Protective Measures of the American Social Hygiene Association, spoke at the opening session on *Our Next Steps in Health Education*. She remained in Dallas until January 8th to address the banquet meeting which was attended by 300 Greek lettered men and women, her subject being *The Relation of Health to General Education*. For the first time in the history of the Congress the interfraternity organizations were represented and had an official speaker.

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Miss Chloe Owings of the Department of Protective Measures and Mr. Franklin O. Nichols of the Department of Educational Measures supervised the Social Hygiene Institute in Atlanta, Georgia, January 4-9, 1926. This Institute was held under the auspices of the Atlanta

School of Social Work in coöperation with the American Social Hygiene Association and fourteen social and voluntary organizations in Atlanta. The Atlanta School of Social Work, of which Mr. Franklin Frazier is Director, trains colored social workers for the South and offers courses in social case work, community organization and social research, and field work with social agencies. Both Miss Owings and Mr. Nichols lectured daily during the Institute in addition to making outside addresses and contacts.

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The annual meeting of the American Social Hygiene Association was held at the Hotel Pennsylvania, New York City, January 16, 1926. The informal preliminary session was devoted to a discussion of plans and policies largely centered around the Association's informational and educational material—pamphlets, exhibits, and motion pictures. Speaking to the question, "What should the social hygiene program include," there was a general agreement that the four-fold program of medical, legal, educational, and protective and recreational measures is sound. Neglect of the law-enforcement measures in some communities was commented on, and it seemed agreed that this feature of the program must be given due attention if satisfactory results were to be achieved.

The formal business meeting was called at noon by Dr. Edward L. Keyes, President of the Association. Following this came the Board of Directors' luncheon which was attended by 200 state health officers, bureau chiefs, and workers in voluntary welfare organizations. Dr. Keyes presided, and Dr. Louis I. Harris, Commissioner of Health of New York City, the first speaker on the program, said that public health officials were looking more and more to private welfare and health organizations to work for better health and social conditions in the city. Dr. A. H. Desloges, Director, Division of Venereal Diseases, Provincial Board of Health, Province of Quebec, Canada, gave a most interesting address on the development of the social hygiene program in the Province, in the course of which he dwelt on the helpful spirit of coöperation which has so long existed between the Association and the Provincial health authorities. Mrs. Anna Garlin Spencer, special lecturer at Teachers College, Columbia University, and member of the Board of Directors of the Association, urged that all groups, religious, ethical, medical, and economic join in working for human welfare, not only in this country but

throughout the world. Describing the success of the League of Nations in coping with social conditions, she urged private groups of welfare workers to coöperate in international activities. Mr. Bascom Johnson, Director of the Department of Legal Measures of the Association, outlined briefly the scope of the world-wide studies on the international traffic in women and children which are being carried on under the auspices of the League of Nations, closing with a strong plea for a continuance of effective international coöperation.

At four o'clock the members reassembled, and after a short discussion the annual business meeting was adjourned.

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Dr. Katharine B. Davis and Dr. Valeria H. Parker attended the Women's Industrial Conference in Washington, January 18th to 21st as representatives of the American Social Hygiene Association. This conference, which was held under the auspices of the Women's Bureau of the United States Department of Labor, met to discuss among other topics, social problems, with the emphasis on the right of the worker to citizenship, education, and recreation; health problems from the aspect of the worker and of the community. In addition there was a symposium on the reasons for concern about the conditions under which the wage-earning woman lives and works.

BOOK REVIEWS

THE PROBLEM CHILD IN SCHOOL. By Mary B. Sayles. Publication Number 4. New York: The Joint Committee on Preventing Delinquency, 1925. 287 p. \$1.00.

The American Psychiatric Association in its last annual meeting happened in one session to discuss the statistical aspect of the problem of mental disease, and in the very next session, some of the outstanding enterprises in prophylactic psychiatry. This emphasized in telling manner a conviction that has been gaining strength in all workers in this field that the hope of ameliorating the problems of psychiatry lies primarily in the direction of prevention. The extent of mental disorder as revealed by the latest statistical survey is truly appalling. The statement was recently made in a new publication on psychiatry that it has been reliably estimated that of the 7000 infants born

each day in the United States, about 270, or one in 26, eventually become incapacitated by abnormalities of the mind.

In view of a situation which justifies this type of prediction for the new-born infants, the present volume assumes particular significance. For the enterprise of the visiting teacher, to which Miss Sayles calls attention in such illuminating and convincing manner by means of the 26 narratives from case records of visiting teachers, is one of the outstanding and perhaps one of the most promising enterprises in the prophylactic psychiatry of our day.

The peculiar charm and impressiveness of this little book lie in its direct and simple narration of the careers of a number of children, who, for one reason or another, stumbled in the path of their school adventure, and in the discussion in simple and clear language of the resources and techniques to which the various visiting teachers had recourse in their efforts to help these children over their difficulties. The author has very happily subdivided her material into the five general headings of Parental Attitudes, Feelings of Inferiority, Diverse Issues, Questions of Honesty, and Sex Problems, although it will become clear to any one reading the book that usually various issues combine in the causation of the child's maladjustment.

The reviewer is so favorably impressed with Miss Sayles' ability to transcribe in a telling and convincing fashion what is ordinarily rather difficult and complex material to handle, that he would like to suggest the possibility of having these case narratives republished in the daily press in a syndicated form in order that they may reach as many parents as possible.

For the more critical student of the problem of maladjustment, it is necessary to point out that final decision with respect to the reliability of the techniques employed here must be held in abeyance since in even the most successful cases what has been achieved must be looked upon as primarily the immediate adjustment of the child's difficulty. What this may mean as regards the child's future career only time will tell. This necessary reservation does not to my mind invalidate in the least the importance and usefulness of the work here recorded and of the splendid manner in which this procedure is being brought to the attention of the general public. It points unmistakably to one indispensable requirement in dealing with the problem child, namely, an approach free from bias and prejudice, coupled with a painstaking endeavor to discover and understand all

the facts entering the situation. This is a tremendous advance upon the adults traditional manner of dealing with the personality and behavior problems of the maladjusted child.

BERNARD GLUECK, M.D.

PUBLICITY. Some of the Things It Is and Is Not. By Ivy L. Lee. New York: Industries Publishing Company, 1925. 64 p. \$1.00 (in boards).

With the coming to the fore of educational publicity, as one of the most useful tools in the public health worker's kit, comes also a need for expert advice on the subject. This is furnished in Mr. Lee's short volume made up of addresses delivered before three influential national organizations, and including a section on "Questions and Answers Relating to Principles and Methods."

The author is an outstanding exemplar of the spirit and methodology of modern publicity. He wastes no words. He uses an inclusive vocabulary in an exclusive style.

If you are one of the many workers whose fields require the cultivation of a sympathetic understanding on the part of the public (and what aspect of social work or public health does not?) this book will be a real help to you.

R. H. E.

THE BASIS OF RACIAL ADJUSTMENT. By Thomas Jackson Woofter, Jr. Boston: Ginn and Company, 1925. 258 p. \$1.40.

The Basis of Racial Adjustment, by Thomas Jackson Woofter, Jr., a southerner and a member of the Commission on Race Relations, is the fairest and most frank and fearless presentation following the racial relations that has come out of the South. We find here no lurking surrender to intolerance or prejudice. There is no apparent evasion.

The author finds no scientific data to support biological inferiority or superiority of peoples because of race or color. He meets the taxation system in the South as it relates to interracial appropriations. "The taxation of colored people to pay a bond issue which is spent entirely for the erection of white public schools is just as dishonest in a community as the activity of the highwayman, who, with the aid of a bludgeon, converts your cash to his own uses. These are the types of action to be avoided by interracial codes." He just as candidly

meets the political situation. "For the White South, what is needed, above all, is fairness, a determination to enforce suffrage tests equitably on white and black alike, and resolve to break away from the one party system and to regain preëminence in the national forums of political action by building a political system around the live national issues and forgetting the more or less dead issue of Negro domination."

This book is calculated to be used as a textbook for schools and colleges. It should be welcomed not only as an attempt to meet the interracial situation in a most just manner, but also as a significant mark of the growing desire on the part of the young South to face frankly the difficult problem of interracial adjustment. It merits attention not only from educators but likewise from those active in the fields of religious and social work.

F. O. N.

BRIEFER COMMENT

DIAGNOSE UND THERAPIE DER GONORRHOE BEIM WEIBE. By S. Jessner. Leipzig: Curt Kabitzsch, 1925. 94 p.

One of twenty-five monographs by Dr. Jessner entitled *Dermatologische Vorträge für Praktiker*.

EARS AND THE MAN: STUDIES IN SOCIAL WORK FOR THE DEAFENED. By A. W. Peek, E. E. Samuelson and Ann Lehman. Philadelphia: F. A. Davis Company, 1926. 217 p. \$2.00.

The three authors, deafened themselves, are the first of their profession to enter the field of social work for the deafened.

The first chapters deal with the mental attitude and adjustments, lip-reading and other aids, work and play. Then follows a chapter on social work for the deafened with a history of the movement and case studies showing rehabilitation by way of various agencies—lip-reading, work, recreation, etc.

A bibliography and index increase usefulness of the volume.

HEALTH MAINTENANCE: THE RELIEF AND PREVENTION OF VENEREAL DISEASES. Washington, D. C.: United States Public Health Service. Venereal disease bulletin 80. 7 p.

A little seven-page folder dealing with the identification of gonorrhea and syphilis, the ways in which the disease may be contracted, and methods for self-protection and protection of others. General rules, in simple language.

LIGHT AND HEALTH: A DISCUSSION OF LIGHT AND OTHER RADIATIONS IN RELATION TO LIFE AND TO HEALTH. By M. Luckiesh and A. J. Pacini. Baltimore: Williams and Wilkins Company, 1926. 302 p. \$5.00.

Accurate material presented free from technical terms. Intended for the general reader, nurses and public health officials, and others interested in health as well as physicians, hygienists, and physiologists.

PROCEEDINGS OF THE NATIONAL CONFERENCE OF SOCIAL WORK AT THE FIFTY-SECOND ANNUAL SESSION HELD IN DENVER, COLORADO, JUNE 10-17, 1925. Chicago: University of Chicago Press, 1925. 733 p.

The Proceedings for the fifty-second session will be found as interesting and vital as its predecessors. Dr. Lanza's article on *Veneral diseases and the family, When people apply at a marriage license bureau*, by Mildred Mudgett, and *The family and the law*, by Sophonisba P. Breckinridge, are of special interest in the social hygiene field.

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CHILDREN'S READING. A Guide for Parents and Teachers. By Lewis M. Terman and Margaret Lima. New York: D. Appleton and Company, 1926. 363 p.

LIGHT AND HEALTH. A Discussion of Light and Other Radiations in Relation to Life and Health. By M. Luckiesh and A. J. Pacini. Baltimore: The Williams and Wilkins Company, 1926. 302 p.

MERE MORTALS. Medico-Historical Essays. By C. MacLaurin. New York: George H. Doran Company, 1925. 291 p.

MILBANK MEMORIAL FUND. Report for the Year Ended December 31, 1924. New York: Milbank Memorial Fund, 1925. 125 p.

POST MORTEM. Essays, Historical and Medical. By C. MacLaurin. New York: George H. Doran Company, 1925. 260 p.

REPORT OF THE INSTITUTE FOR SCIENCE OF LABOUR, JULY, 1921-JUNE, 1925. Kurasiki, Japan: Institute for Science and Labour, 1925. 35 p.

SEX AND EXERCISE. A Study of the Sex Function in Women and Its Relation to Exercise. By Ettie A. Rout. New York: William Wood and Company, 1925. 97 p.

SIMPLIFYING MOTHERHOOD. A Handbook on the Care of the Baby During the First Year; Containing a Chapter on Breast-Feeding, by Isaac A. Abt. By Frank Howard Richardson. New York: G. P. Putnam's Sons, 1925. 263 p.

SLAVONIC NATIONS OF YESTERDAY AND TO-DAY. Edited by Milivoj S. Stanoyevich. New York: The H. W. Wilson Company, 1925. 415 p.

TENTH ANNUAL REPORT OF THE BRITISH SOCIAL HYGIENE COUNCIL, Incorporated. London: British Social Hygiene Council, 1925. 123 p.

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LITTLE MOTHERS' LEAGUES

A LONG-DISTANCE VIEW

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Setting up a public health program is not unlike piecing together a jig-saw puzzle. Hygiene is not a basic science but a patch work, a synthesis—as yet incomplete and unsymmetrical, consisting of contributions from many sciences and arts. We rejoice at the announcement of a new medical discovery, a perfected method, or a more effective device, and promptly set to work to fit it into its place in the public health program. Occasionally, we suffer disappointment because a given measure which seemed to hold promise of prolonging life turns out, after all, to be incomplete or even a misfit. Thus, we struggle on with our intricate puzzle toward the health millenium, when the only justifiable cause of death will be Old Age. The Little Mothers' League seems to furnish a peculiarly promising means of fostering public health at the very sources of life.

No tragedy of human experience stirs the emotions more deeply, nor challenges the resources of the sanitarian more forcibly, than the death of a mother traceable to pregnancy or childbirth. Over 80 years ago Dr. Oliver Wendell Holmes braved the jibes of his colleagues by maintaining that puer-

peral septicemia, or childbirth fever, the chief cause of maternity deaths, is preventable. He insisted that this infection is carried, in the great majority of cases, if not in all, directly to the mother by the physician, and he taught that by simple but strict asepsis puerperal septicemia can be prevented. In his treatise, which is now recognized as a classic of medical literature, but which, at the time, angered many of his professional fellows, he branded a death from puerperal septicemia "not as a misfortune but a crime." Contemporaneously with, but independently of, Dr. Holmes, a German physician, Dr. Ignatz P. Semmelweiss, demonstrated scientifically the soundness of Dr. Holmes' views. Holmes by keen observation and logic arrived at the truth; Semmelweiss proved it clinically and bacteriologically.

Though the world has been in possession of this life-saving knowledge for almost half a century, puerperal septicemia still reigns as the chief cause of maternity deaths in the United States. In 1921, for example, 6057 mothers' lives were sacrificed to septicemia, and this number constituted about 40 per cent of all deaths chargeable to the pregnant and puerperal states. Somehow we have failed to capitalize the scientific treasures bequeathed us by Holmes and Semmelweiss.

Death from toxemia, which ranks second as a destroyer of mothers, is also preventable, to a large extent, at least. Toxemia announces its approach long before it is ready to strike the fatal blow. The diagnostic means for detecting its approach are at the disposal of the watchful physician, are easily applied, and are reasonably reliable. It would be too much to claim that death from toxemia is always inexcusable, but certainly it is not an exaggeration to maintain that at least half of the approximately 2300 deaths due to this cause in 1921 in our country might have been prevented.

There are no accurate studies to show just what proportion of the other accidents of childbirth might be prevented

with our present medical knowledge, but none would contest that the salvage in each item would not be considerable.

Facing these sad and disturbing facts, we look about to see on whom the blame might be lodged, and quite naturally, we fasten it upon the medical profession, at least for their share of the neglect which is responsible for these tragedies. Of course, puerperal septicemia may occur in spite of the wisest and most conscientious obstetrical service, and the fact that such uncontrollable mishaps are relatively rare speaks volumes of praise for the medical profession. But, generally speaking, most cases of septicemia developing while the patient is in the hands of a physician are directly chargeable either to gross ignorance or to the conscienceless neglect of the attendant. Dr. Robert L. DeNormandie, Instructor in Obstetrics, The Harvard Medical School, believes that the culpable ones represent a very small minority, yet the profession as a whole is obliged to suffer the odium.

Assuming that sound medical training and conscience could be added to the contributions of Holmes and Semmelweiss, still we believe that large numbers of mothers would die needlessly. What measures have been overlooked?

Thousands of our rural mothers, handicapped by lack of knowledge, by remoteness from sources of relief, and by customs and traditions, go through pregnancy and labor alone. Other thousands have only the crude help of poorly trained midwives, blissfully, sometimes arrogantly, ignorant of besetting dangers, and wholly unfitted to meet emergencies.

Is it not the task of medicine and public health to create a demand on the part of mothers and fathers for skillful medical service to the end that the full benefits of our life-saving knowledge may have a chance? State departments of health, encouraged by federal aid provided by the Shepard-Towner Act, are now energetically trying to create such a demand, and are at the same time struggling to increase the supply of good obstetrical service to meet that demand. The problem is primarily one of reaching the individual

mother, of convincing her of the absolute need for sound prenatal, obstetrical, and postnatal guidance. The task consists further in educating prospective parents to the economy of paying adequately for such valuable services. In short, we must, if we would make a substantial cut in the maternal and infant death rates, instill the idea in the minds of future parents that a qualified physician be engaged at the earliest possible moment and that his services be continued until the health of the mother and the baby is assured. Practical considerations, of course, make it difficult to broadcast by the usual publicity and educational means the intimate facts concerning pregnancy, prenatal care, and labor. Since the idea of engaging a doctor at the first sign of pregnancy is totally foreign to most of our rural and many of our city mothers and fathers, it is doubtful if much permanent progress can be made with the present generation of parents. Deeply-ingrained attitudes and customs must be revolutionized, and that is not easily done with the more or less static minds of adults. Health workers too often seem to overlook the opportunity created by the fact that another generation of mothers is on the way. Is it not possible to sow the seed early, so that when the time of motherhood comes the engagement of good medical service will be attended to promptly and as a matter of course?

To be sure, health officers are not urgently encouraged to take a long-distance view of the matter. Their tenure of office is insecure and mortality statistics of twenty years hence do not particularly interest them. Also, constant pressure is brought to bear from without, insistently demanding that the infant and maternity mortality rates be lowered and that this be done quickly. So in viewing the sad figures of the census and comparing them with those of other countries, we are spurred into action; but in our frantic efforts we overlook the more hopeful and promising opportunities of creating the right attitudes and changing the customs of the future mothers, which, we believe, would insure greater safety for

mothers and children. Proper education of the young is the most fundamental form of preventive medicine. Few of us have the patience to build a sound foundation for the mothers who are on the way. There is philosophy in the facetious statement of Miss C. C. Van Blarcom that "we are building a firm super-structure on a flimsy foundation."

A step in the right direction is the establishment of Little Mothers' Leagues, which is merely one of the many measures devised and experimented with by state departments of health in their efforts to carry out their share of the Sheppard-Towner Act. The incentive which led Dr. S. Josephine Baker to propose the organization of Little Mothers' Leagues was a remark made by John Spargo, who pointed out that the existence of little mothers is a social menace and a crime, and, furthermore, that they are unwittingly one of the greatest causes of infant mortality.

While the original object seems to have been to lighten the burden and make more efficient the task of the little mother, in cases where the real mother, by reason of employment outside the home, indifference, or ignorance, could not give her baby the proper care, the Little Mother League idea has since expanded, in some states at least, to include all girls of ages from ten to sixteen. The two fundamental ideas underlying the organization of the Leagues are, first, that they shall be managed by the girls themselves, under the guidance of a doctor or nurse; and, secondly, that the children shall teach one another, learning to do by doing. Weekly meetings are held in which the order of business includes a ten-minute talk and demonstration by the doctor or nurse of the methods to be followed. This necessitates certain equipment such as nursery appurtenances and a waterproof doll capable of enduring repeated immersions. Plays, pageants, health stories, essays, and other forms of entertainment lend spice to the meetings. The bond of fellowship is further cemented by hikes, excursions, and the like. The 30 lessons prescribed in the textbook usually provided em-

brace such topics as the growth and development of the baby, infant feeding, clothing, sleep, fresh air, sunshine, the prevention of communicable diseases, and the many little things that help to make the baby comfortable and to safeguard its health. As one would expect, girls enter into the spirit of the League with an enthusiasm that is amazing and, in some cases, pathetic.

The idea is splendid, but one can not escape the feeling that it does not go far enough. After all, these girls are not mothers but nurses, caretakers of babies, and the entire course of study has to do only with the care of the baby. Of parenthood, mating, motherhood, and the need of scientific medical care, not a word is mentioned.

An experiment in Wisconsin is being watched with much interest. Through a coöperative arrangement of the State Department of Public Information, the State Department of Health, and the State Department of Vocational Education, courses in mothercraft are given to school girls. The plan as at present developed calls for a minimum course of 10 hours, given preferably in the sixth, seventh, and eighth grades. Under the able leadership of Mrs. Gertrude S. Hasbrouck, it has already demonstrated its interest and value. Not nurses but school teachers direct the courses. Just what complications arise when a man teacher (of whom there are many in the rural schools) attempts to bathe the baby is not apparent. The slogan, "Every Wisconsin Girl Educated for Intelligent Motherhood," is filled with possibilities, though an examination of the syllabus reveals that, as in the Little Mothers' League courses, baby care, only, is included. Presumably, the leaders of the Wisconsin movement anticipate a further development of a broad sex education program of which the present plan is but a beginning.

Omitting for the time the Wisconsin experiment, consider the unparalleled opportunity presented by Little Mothers' Leagues. Here are groups of future mothers enthusiastically interested in the baby. There is a genial, helpful atmosphere,

points of contact are developed, interests are shared in common, and confidences are established. The nurse in charge, who is one of the group, has it in her power, because of her strategic position and her special knowledge, to lead these young minds gracefully and easily into considerations which are even more important than the immediate care of a baby brother or sister. Why not include in the course of study the elementary biological processes which culminate in parenthood? With the emphasis that is placed on keeping the baby well, would it not be simple and natural to go back a step and to point out how important it is to care for the baby before it is born? Then how simple it would be to explain the value of good obstetrical care. Subconsciously, the health concept which we are so eagerly trying to transfer to the present mother and to those on the immediate threshold of maternity would take firm root in the minds of the youthful students. The idea would spread to other girls and women, and eventually the lessons we are trying to teach individual mothers would be generally accepted and made self-perpetuating.

Go back yet another step. Discuss with these girls the part inheritance plays in laying the foundation of the baby's health. It involves not only the mother's health but also the father's. That opens up the broad, important subject of mating and marriage, and it can be discussed in these intimate circles without offending modesty and without prudery, provided, of course, the nurse in charge is competent, which is usually the case, although at times she may need some help. Go back farther still. Explain that the kind of mothers they will be depends largely upon the kind of girls they are here and now; in fact, Little Mothers' Leagues and their counterparts open up the whole broad vista of that perplexing subject which, for want of a better term, we call sex education. Little Mothers' Leagues provide the opportunity not only for creating a better understanding of sex, but also for developing

a class of mothers in the thirties and forties who will be guided by intelligence when their babies come.

Does this have a familiar ring to the social hygiene student? He has long insisted that a right understanding and appreciation of sex will automatically neutralize most of the physical, personal, and social ills due to an almost universal false education about and consequent misuse of sex. Repeatedly it has been urged that sex, the very warp and woof of life, should be taught as a part of life and not as an entity in itself. Indeed it *is* social hygiene—but without the label.

My plea is that the exceptional opportunity provided by Little Mothers' Leagues shall be developed to their fullest extent, and that social hygiene leaders, who have made such splendid progress in developing the technique of sex education, shall show us the way. This calls for coöperation between those of us who are laboring to promote maternal and infant hygiene as such, and those who see in social hygiene an opportunity worthy of their individual, specialized attention.

GIFTS OF SPRING

AN EXPERIMENT IN SOCIAL HYGIENE

MILDRED E. REEVE

Hathaway-Brown School for Girls, Cleveland, Ohio

For several years I have attended meetings on social hygiene, endeavoring to learn what was being done among the young people to better existing conditions. I found that most of the discussions were devoted to the importance of having some social hygiene program in our schools, without giving sufficient consideration to the important question of what this program should be. Some of us may believe that this problem belongs to the home, but since careful investigations have shown that it often is not solved there, the school must assume part of the responsibility. Convinced of the necessity for the study of social hygiene, the principal of the Hathaway-Brown School for Girls appointed in 1922 a committee to work out a plan.

We remembered all too well that in our own imperfect training any open reference to sex was avoided, unskillfully, as a rule. We agreed that every time an adult avoids such reference, the child instantly sees through this clumsiness, his curiosity is aroused, and sex relations assume a mysterious importance. Frankness for children of all ages must be the first requirement, and some simple, sane instruction on the beginnings of life must be given. But what should it be and when should it be given?

We at Hathaway-Brown School are blessed with a separate building for elementary science. Here we can house small pets and can carry on projects and experiments of all kinds without disturbing any of our friends. Back of it are our

gardens and around us are trees to which come many bird visitors including numbers of migrants. The children love it and feel that it is their own laboratory. Here in the nature study department was the place, the committee decided, for any experiments in social hygiene.

That spring early in March, the sixth grade, a very alert class, began to bring in quantities of forms of new life. The children of all the grades were delighted with these new pets and visited them morning, noon, and night. One little girl named them the Gifts of Spring, and so they have since been called.

The first real enthusiasm for these gifts sprang from the sturdy efforts of one child to breed snails. She visited the public library again and again to get information about them, and all her allowance went for new kinds. Doubtful of a statement that all snails laid eggs or were mothers, she endeavored to prove that it was not so by trying out her pets in individual aquaria. It is hard to believe that snails could become as absorbing as these were to all of us. From little masses of jelly-like substance plastered on the sides of the aquaria, we watched the eggs develop into nice little snails. Her enthusiasm was contagious, zeal for finding and watching other gifts spread, and offerings poured in. Crayfish with eggs hanging to their swimmerets were very popular. One child was interested in moths. She brought us her collection of cocoons and explained to us the development of the pupæ. From time to time we were shown the changes that had taken place. This was fascinating and beautiful. But another child won as much attention for herself and her pets by bringing in masses of frogs' eggs early in the spring. Before us the little tadpoles gradually uncurled from the eggs, the gills at first visible slowly disappeared, and some of them remained with us long enough to let us see the legs developing. A mother frog in the laboratory was found in the very act of laying her eggs. We visited the swamps and collected toad and salamander eggs also. It was indeed interesting to ob-

serve the differences as from the eggs of these closely related amphibians came the active tadpoles.

For the study of fish, bullheads and gold fish were kept in the aquarium. Since we could not watch fish eggs hatching, we contented ourselves with dissecting a pike which we bought at the market. In the pike we found, among other entertaining facts, that a fish's heart was always in its throat, that it has a curious air bladder in its back, and that the fish eggs are very tiny but so numerous that they fill a large part of the internal cavity. When we have constant heat, we shall try to raise tropical fish whose young are born alive. For the present we read the life histories of salmon and trout in the *Nature Magazine*.

My contribution to the "Zoo" was a pair of noisy ring doves which we installed in a large cage. They took to this kindly, built a ragged nest, and soon there were two white eggs. After two weeks of anxious waiting and watching, we found one morning two ugly squabs. All of our spare moments after that were spent in admiring these additions to the household while the mother fed and cared for them. The babies flourished, grew fuzzy plumage, and were very energetic when they were returned to their country home in June.

Early in April a patron of the school became interested in what we were doing and presented us with a sixty-egg incubator and sixty fertilized eggs. This immediately led to a discussion of what was meant by fertilized eggs and why fertilization was necessary. We dissected male and female birds and found along with interesting things about the heart, lungs, joints, etc., the ovaries and spermaries, the oviduct and the undeveloped eggs. The children were very curious as to what was going on in the incubator, so we left an egg to incubate for eighteen hours after which we broke it open and examined the embryo. Even then, however, the reaction was that we were killing a baby chick. So we opened no more, but borrowed from the Biology Department of the Western

Reserve University mounts showing the embryo after twenty-four, thirty-six, forty-eight, and fifty-four hours' incubation.

On the morning when the eggs were expected to hatch, I found most of the fifth, sixth, seventh, and eighth grades waiting for me to open the incubator which had been marked "closed" the last three days. There to our great joy, were several weak and flopping chicks. This was the greatest event in our year. One of the children was later being given her spring physical examination. Her heart was beating so, that the school doctor asked if she had been running. "Oh no," was the answer, "But you see the chicks came out this morning."

In the study of the lower mammals we did not go into so much detail. In the winter one of the children had taken home a pair of white rats which had been presented to us. She raised the young ones until the increase in population exhausted her, when she returned them to us with tales of her experiences. Rather to my surprise the little white rats were as popular as kittens. Some day in connection with our new building we shall have large outdoor cages where we can try raising rabbits or guinea pigs.

Our study of human reproduction has worked out in a rather simple fashion. In the winter term the sixth grade studies hygiene and physiology. At this time we endeavor with the aid of the mannikin and many experiments to learn what we eat, how we eat, why we eat; what we breathe, how we breathe, why we breathe; what waste is given off, why, how. In taking the mannikin apart it is very natural to mention the baby cradle and to show how the baby is born. Interest is always shown, but I have never found it strong enough to be at all abnormal.

Near the end of the year we use a set of slides which we had made for this purpose. They are on reproduction and form a summary of the work of the spring. We show the slides on plant reproduction, cross pollination, metamorphosis of butterflies and moths, the development of the chick in the

egg, the life histories of the fish and the frog, and the baby bunnies in the mother before birth. There is nothing new to the children in this. Then I casually ask them if they would like to see slides on the human baby. Of course they are eager for it, and I throw on the screen copies of pictures taken from the book, *The Way Life Begins*.¹ We then have an earnest discussion on what motherhood means, and why girls must try to grow into healthy women with fine minds and characters, etc. They have always been much absorbed in these discussions. From my experiences of the last four years I am sure that the sixth grade is the correct time in Hathaway-Brown School, at least, for work of this nature. The pupils have then an ardent spirit of investigation and a lack of self-consciousness which are necessary factors for the success of such discussions. The following theme which was written by a girl of this grade shows how natural is the interest in new forms of life:

OUR CANARIES

Last year we had a mother and father canary. The mother laid thirteen eggs, but only one egg hatched. It was a female bird. She mated with the father bird that was her father last year.

On April the eighth she laid one egg, and she kept on laying one every day until she had laid four. She ate two of her eggs and the other two she sat on for about three weeks, and then one egg hatched. It was a very funny looking bird. It was pink with little bits of down here and there. The father would eat the seed and feed it to the baby. It is now quite a large bird hopping from perch to perch just like the mother and father. Now that the bird is so large she has laid four more eggs and is sitting on them now. We expect to have four more birds about the twelfth of June.

The subject is not entirely dropped, however, at the end of the sixth grade. In the eighth grade before the girls go into the upper school, a review of physiology including repro-

¹ *The Way Life Begins*. By Bertha C. and Vernon M. Cady. New York: American Social Hygiene Association, 1917. 78 p. \$1.50.

duction is given. I am always interested in observing that the old girls accept the discussions as a matter of course while the new girls are often almost breathless in their utter amazement at our frankness. In the biology and physiology classes in the upper school, the majority of the girls are usually new. Here, of course, the study of all the life processes of plants, lower animals, and man is intensive. The seniors are given annual talks on moral standards for young women by the principal of the school. Occasionally, outside speakers are introduced to address us. This year we are having a series of lectures by scientists on subjects pertaining to evolution. Mr. Paul Rea of the Natural History Museum of Cleveland, Ohio, lectured on *The Trend of Life* and in the last part of it he gave the best talk on social hygiene that I have ever heard. He followed the rise and fall of the fish, the reptiles, etc., through the prehistoric ages. This, he said, is the Age of Man. Will man also rise and fall? And clearly and scientifically he emphasized to the girls the fact that man's endurance as a power on earth depends upon the future generations and, therefore, upon the marriages which girls are now making. It was impersonal and scientific and made a profound impression.

Personally, I feel more and more the importance of this impersonal and scientific instruction. "Don't chew your finger nails," we say. Is it not more effective to show in sterilized cultures the colonies of bacteria from finger nail inoculations? "You must marry carefully" or "These are the children you will have if you don't marry carefully," which is better?

But it is true that a knowledge of facts, alone, will not produce worthy standards, insure good conduct, or form healthful habits. The combined efforts of the school are needed to perform this great undertaking. Every attempt is made in Hathaway-Brown to train the girls in honesty and trustworthiness, leadership and responsibility, courtesy, coöperation, and self-control, and on these points each girl

in the upper school is graded by her own classmates at the end of each term. These girls know much more about each other than older people can ever learn. The school council, made up of representatives of pupils and faculty, plan the simple rules by which the school is run. The Order of Willing Service with the hearty coöperation of every girl in the school holds a bazaar for charity each year. This project I consider invaluable in its training in organization, trustworthiness, honesty of effort, and self-forgetfulness. There is a committee on proper dress, and another on good health. In the nature study department in all the grades, definite efforts are made to establish good health habits. At the beginning of each school year, every student is examined by an accredited physician employed by the school. This enables us to make written suggestions on individual health conditions from a preventive as well as from a corrective standpoint. Careful follow-up work is conducted by our physical education department, and evidence of correction is accepted only on approval of the school physician.

Such is our attempt at unifying all the contributing factors that make for character building in the whole of the child's world.

TRAINING FOR PARENTHOOD *

FLORENCE H. RICHARDS, M.D.

Medical Director, William Penn High School, Philadelphia

Last summer two great educational conventions were held, one, the National Education Association in Indianapolis, Indiana, in the United States, and the other, the Second World Congress of Education in Edinburgh, Scotland. It is significant, that in both conventions, character making was emphasized, that is, training in good character rather than in the acquisition of facts. In the training of young people for parenthood, there are several requirements: First, good character; second, a knowledge of the anatomy, physiology, and hygiene of the entire body, including the reproductive system; third, a wholesome, sane, and normal outlook on the great facts of life, viz., marriage, reproduction, heredity, child-bearing, and child training; fourth, some knowledge of the venereal diseases and prostitution.

If young men and women are to be adequately trained for parenthood, first of all we must have a foundation in good habits started in the very young child. Begin to train the baby the day he is born. In the preschool age, lay the solid foundations for proper habits in cleanliness of the body and mind; for the regulation of eating, playing, and sleeping; training in self-control as regards food, pain, and temper; and the prevention on the part of the mother of any tendency towards self-abuse. At this time the first sex information should be given, by truthfully answering the question of where babies come from, and drawing simple lessons in reproduction from the flowers, the birds, the cat, dog, or rabbit. All sex information should be given gradually, answering the ques-

* Read at the National Social Hygiene Conference, Newark, New Jersey, November 21, 1925.

tions of the child as they are asked. A bond of confidence is thus established between the parents and the child. All puzzling questions should be brought to the parents to be answered, for the child forewarned is forearmed. In school the child comes up against much that is evil. All grade teachers know the dirty language used in toilets, the obscene pictures and words written on the walls, the salacious books, and vulgar and vile notes passed quietly from one pupil to another. Often children are taught much that is sexual perversion in the playground or toilet of the school. Many grammar schools have had the problem of pregnancy in young girls to solve, and that of abnormal sex relationships between boys and girls.

Something should be done in the schools to counteract this evil influence. Children should be taught something of the elements of reproduction in their nature work and practical hygiene, followed later by physiology. The janitors of all schools should be men and women of good repute, who would try to keep the toilets and playgrounds in good condition and influence the children for good by the force of their own personality.

All children should be taught a decent vocabulary, thus enabling them to explain to the teacher or doctor without embarrassment ailments concerning the more intimate parts of the body. They should be familiar with such words as laxative, constipation, diarrhea, vomiting, nausea, bowel movement, private parts, breast, navel, chest, abdomen, thigh. All girls should be taught early in adolescence the significance of menstruation with its hygiene and such terms as menstruation, rectum, anus, private parts, ovaries, Fallopian tubes, uterus, and vagina. All boys should also know the terms external genitals, rectum, anus, scrotum, testicles, penis, and the meaning of the seminal emission.

Adolescence brings its own problems for here we have the true awakening of sex consciousness, with often a boy quite fully developed physically, but without the mental equipment

of self-control, reason, and will power, which are so very necessary for him to be really and truly master of himself.

All adolescents should be given some information on the physical and mental changes of adolescence; the internal secretions or hormones; reproduction taught biologically, especially in vertebrates, from fish to mammals, including the human being; the anatomy and physiology of the reproductive system in both sexes; a study of marriage, its history, what are the essentials for a happy marriage, and reasons for divorce. Girls, especially, should receive instruction in hygiene of the pregnant mother, care of the baby, and home-making; in boys, there should be inculcated a reverence for all women, knowledge of the meaning of chivalry toward women and children and why it is desirable, and the value of the home and a happy family. Both sexes should be informed regarding the venereal diseases, prostitution, and heredity, using as examples the Edwards and the Kallikak families. Discussions on dress, dancing, and spooning never fail to interest boys and girls. Add to this a discussion of books, plays, moving pictures, and art exhibitions, including special notice of the nude in painting and sculpture, and you will arouse their interest, get their views, and be able to correct wrong impressions.

In the William Penn High School, where I have been training girls for motherhood for fourteen years, my experience is that they are curious, anxious, and eager to know the truth, and then to do what is right. We cannot *start* this training in high school. The start should be made by the parents in the preschool age, in the formation of hygienic habits and grounding in good character. Continue this and add nature study in elementary botany and zoölogy in the elementary schools, and then in the high school continue to build on this solid foundation, and we will have as a result a set of young men and women, strong in body, clean in mind, and fit to beget children. It has been said that knowledge itself is not

enough. How many do have the knowledge of the facts of life, but refuse to walk the straight and narrow path. Such persons have knowledge, but without strong character, and character we must have. Somehow, all along the line, children must be taught to love God, to respect themselves, to do right for the right's sake, to practice the Golden Rule, to cultivate honor, honesty, truthfulness, sincerity, loyalty, kindness, sympathy, and generosity—for without these knowledge is of little value. Let us train these future parents by building on the solid rock of character a structure of scientific knowledge. The result will be a new generation that will surprise the world by its wholesome viewpoint of life and its high ideals of conduct.

Instruction to girls in the William Penn High School is given in a course called Physiology and Hygiene, but it is really the training for parenthood which can be given in a high school. This course has been given successfully for the last thirteen years, and in all that time no complaint has ever been received from a parent. The approach to the sex instruction is through a study of Domestic Sanitation and Home Nursing:

OUTLINE OF LECTURES ON DOMESTIC SANITATION, HOME NURSING AND
SEX EDUCATION

(A Course for Senior Girls)

By Florence H. Richards, M.D.

*William Penn High School
Philadelphia, Pa.*

DOMESTIC SANITATION AND HOME NURSING

First Term

1. The family—its value, civic, economic, moral; functions of, etc.
2. The home—hygienic furnishings.
3. Hygiene of kitchen, cellar, bedroom, bathroom.

4. Heating and lighting.
 5. Disposal of garbage, sewage; flies.
 6. Germs—classification of; germ theory of disease; entrance; body defenses.
 7. Infectious diseases, early signs, incubation period.
 8. Bureau of health, duties, quarantine, etc.
 9. Disinfectants—practical use in the home.
 10. Bichloride, carbolic acid, formalin, chloride of lime.
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11. Home Nursing—value of hospital, preparation of room, cleaning.
 12. The nurse—dress, shoes, recreation, care of, etc.
 13. Night nursing, food between meals, trays.
 14. Diets—liquid, soft, light.
 15. Behavior in sick room, visitors, presents, etc.
 16. Rules for giving of medicines.
 17. Practical demonstrations—hot water bottle, ice-cap, thermometer.
 18. Hot foot bath, mustard plaster, hot fomentations, turpentine stupes.
 19. Surgical dressings—absorbent cotton, gauze, adhesive plaster.
 20. Asepsis; bandages; demonstrations.

SEX EDUCATION

Second Term

1. Four periods of human life—infancy, childhood, adolescence, adult life.
2. Four periods in development of human race—analogy.
3. Adolescence in girl—physical and mental changes; internal secretions.
4. Adolescence in boy—physical and mental changes; internal secretions.
5. Reproduction—general rules; flowers; fish and frog.
6. Reproduction—bird and mammal—helplessness of newly born.
7. Reproductive organs in woman—anatomy and physiology.
8. Female model—demonstration of all organs, including reproductive system.
9. Marriage—essentials of happiness; secret and runaway; contra-indications.

10. Pregnancy—hygiene of.
11. The baby—holding positions, clothes, etc.
12. The baby—bath, feeding, sleep.
13. The baby—emergencies.
14. Racial poisons—alcoholism, tuberculosis, venereal diseases.
15. Venereal diseases—syphilis and gonorrhea.
16. Prostitution—history, reasons for girls entering life, solution of problems.
17. Heredity—Edwards and Kallikak families; feeble-mindedness, etc.
18. Immoral tendencies in dress, dancing, general behavior.
19. Immoral tendencies in the theater, movies, literature, etc.
20. General conference.

A SOCIAL AND RELIGIOUS VIEW OF THE HOME

ALFRED NEWBERY

The National Council, Protestant Episcopal Church, New York City

The study of divorce is simply one of the many trails that lead us back into the home. Using it as such we find ourselves confronted by a mass of figures, the true meaning of which has not yet been discerned. It is true that to-day there are twice as many divorces for each one hundred marriages as was the case thirty years ago, and by estimate, four times as many as was the case fifty years ago. The total number of divorces, annually, is now in the neighborhood of 170,000, and the growth toward that figure has been a steady one, as has the increase in the rate also.

Nobody knows what these figures mean. In the half century which they cover, many changes have taken place, not the least important of which is the growth in woman's freedom. This growth has been registered, politically and economically, and divorce may be one of the ways in which it has been registered socially. In any case, it is obvious that the woman of to-day is different from the woman of fifty years ago in

the respect that she no longer has to accept bad treatment or infidelity simply because of the economic pressure or of the attitude of society. If we may hazard a guess, we should say that the proportion of women seeking escape from the marital bond was as great fifty years ago as it is to-day, the difference being that to-day the desire can be realized in a larger number of cases.

But whatever the explanation of these figures may be, they do obviously and unavoidably signify that the broken home is a constant, not an intermittent, phenomenon in our society. And the spiritual importance of this is just as great whether we are considering hundreds of cases or thousands.

As to the causes of divorce we may safely say that the court hears only the occasions, and not the causes. The legal grounds for divorce and the requirements of the state in most instances do not coincide with the basis upon which the physical break-up of the family is wanted. The causes often precede the grounds. It is necessary to travel to another state, even to another country to find a place where the legal requirements can be satisfied, and the causes may obtain the result desired.

For that reason, socially-minded persons, like Judge Hoffman of the Domestic Relations Court in Cincinnati, Ohio, have instituted methods whereby the true causes for divorce may be found. Professor Hornell Hart gives the findings of Judge Hoffman's methods in a paper published in the proceedings of the Fourth National Conference in Social Service in the Protestant Episcopal Church. One of the commonest causes for the beginning of the break in the home, according to this study, lies in the realm of sex. This sex antagonism is due sometimes to false ideas on the part of the woman, who, too frequently, has been trained to think of ignorance as innocence. Sometimes it arises from false ideas on the part of the man, who, too frequently, has received his training from previous vicious practice, or who has absorbed a no less vicious philosophy of ownership. Everything from thoughtlessness

to brutality and perversion may be read in the painful disclosures of these broken bonds. One sees the most astounding attitudes asserted and for years conceded, the most horrible ignorance and falsely conceived humiliation pictured. His would be a hard heart, who did not sympathize with many of these seekers for freedom from a bond which, to them, is the very opposite of hallowed.

Divorce may be regarded as one of three possible outcomes of a marriage, according to Professor Hart, in the article referred to. Two persons bound together in marriage are going to achieve harmony, or fall into a prolonged conflict of mutual antagonisms, or they are going to break the bond.

In the last event, namely, the breaking of the bond, there is danger to society, to the individuals involved, and to their children. In the first place, it attacks the permanence of the marriage bond. A contract cannot be properly entered into as a life-long contract if, back in the minds of the persons concerned, there is an idea that it is not necessarily a life-long contract. That idea fundamentally changes the approach. A wealthy man can assume the overalls of the laborer, but he cannot assume the laborer's anxiety over a penniless old age. The wealthy man can never enter the laborer's experience fully enough to prove anything, because he cannot separate himself from certain facts in his life, which are wholly opposite to those with which the laborer faces life. To know or to feel that marriage is dissoluble vitiates the attempt to treat it as if it were indissoluble. In the second place, it deprives the child of his most precious social endowment, a background of love; and, in the third place, it deprives him to all intents and purposes of at least one of his parents.

Divorce is, therefore, a flaunting challenge to the only power on which we can build an order that is part of the eternal Kingdom of God—the power of love. The Christian is committed to the entire good of the entire number, not merely the greatest good of the greatest number, and he cannot

acknowledge that any institution, or device which negates the power of love, can be a step in the right direction.

THE HOME THAT MAY BE BROKEN.—But were we able to render divorce impossible by completely successful prohibition, we should not have thereby solved our problem. All we should have done by that would be to have stated in legal language that there can be no grounds for divorce. The causes however would remain.

They are present to-day in a large number of marriages which have not eventuated in divorce, but which bear all the characteristics of the broken home, except the physical break-up. Religion, convention, timidity, financial inability, fear of the effect upon children or near relatives, and fear of poverty combine to operate, or operate singly, to keep legally married persons who abhor their status quite as much as those who sought divorce, and for the same reasons. These reasons may be covered more or less vaguely by failure on the part of one or both persons to seek integration of purposes, domination by one, or injustice in the sharing of work, money, and recreation.

It is absurd to think of all marriages in our country as being in the class of the completely happy or the completely broken. They drift from the one to the other, and if the number of broken homes be large we are justified in assuming that the number of marriages drifting in that direction is at least equally large. And merely to stop the process at its latest end is not to end it. Like closing the doors of a burning room, it will prevent immediate spread, but it does not extinguish the fire.

An indication of the evil effects of divorce is found in the details of the care of dependent children. It is estimated that at least 50 per cent of the children being cared for by and at the expense of others have both parents alive, but separated.

An indication of the evil effects of the home of conflict is found in the observations of those who are dealing with

juvenile delinquency. "The true home of the child," says Miriam Van Waters, "lies in the attitude of the parents toward each other." Dr. William A. White calls attention to the effect of subtle antagonisms between parents upon the child lying in his cradle, and states that too frequently the child who is backward in school is found to have come from a home of conflict.

To sum up the situation as we have outlined it so far, we may say that in seriously large numbers, marriages are being pronounced broken by the divorce courts. In seriously large numbers, the juvenile courts are receiving the products of these broken homes and of those other homes, where conflict reigns, but where legal rupture has not taken place. Earnest efforts are being made to keep down the number of divorces by the harmonizing of conflicts that would otherwise issue in divorce. We can take some comfort, also, in the fact that proper methods are gradually being achieved for handling juvenile delinquents and dependents.

All this must be sustained and made even more effective. We cannot afford to weaken our emphasis on the evil of divorce or to slow up our work on the juvenile offenders and dependents, but we can and must strengthen enormously the efforts we are now making and the methods we are now preparing to create the concept of the unbreakable home.

THE UNBREAKABLE HOME.—But in approaching the concept of the unbreakable home we must be careful to avoid the dangers of ancestor worship. Miriam Van Waters says that the condition in which our young people find themselves to-day is not of their creation; it is their legacy. It is a false approach to have our eyes directed toward an imaginary golden age of the past where "the good old home" flourished with the satisfactory vigor of the green bay tree. The good old home had in it the germs of the disease from which we suffer. Not to recognize that is to forfeit the confidence of people to-day, especially young people, for they are rudderless on a bewildering sea largely because of the fault of "the good old family

life," and they are partly conscious of it. It may be that we do not need a new concept, but we must at least build our concept anew, if we are to have the allegiance and coöperation of those who are essential to its operation.

Some of the factors of the unbreakable home can be indicated here in brief fashion. It is not an exhaustive list. But it is an important list. And, of course, it assumes children. The Chinese ideograph for "good" or "happy" consists of the character for "roof" (house) and beneath it the characters for "woman" and "child." We cannot discuss the home with a constructive purpose, unless we think of it as containing children.

RELIGIOUS LIFE.—The family is the primary social group. It dominates the child without competition for a number of life's most important years. When we face those facts as Christians, the Christian home in which religious life is not the heart of all will be a contradiction in terms which will shock us intellectually, morally, and spiritually. The very slightest estimate of religion concedes its ability to control conduct. For us, it is the purpose of conduct and of everything else.

But many Christian homes fail to use their tremendous opportunity with the growing child, and aimlessly wait until the Church school asks for the child's time. In others, too often, recourse is had to some prayers taught to the child and looked upon by the parents as magic formulæ by which the child is to be made religious. (The purpose here is not to decry the formal prayer taught to the child, but to emphasize the fact that, while memory work is a good preparation and a guide for expression, what we should be seeking is an expression of the child's own gropings toward God.) Too many parents have forgotten that religion is primarily a relationship, and that children learn very slowly from descriptions of relationships and very quickly from seeing them lived. And even in homes of devout people the child is unconsciously taught that religion is for mothers and children, but not for

grown-up men. Teaching parents to awaken and bring out the response latent in the child is a task of permanent importance, if we are to make builders of homes whose purposes are to be God's purposes.

THE RIGHTS OF INDIVIDUALS.—The second factor is a due regard for the rights of individuals. To quote Dr. Van Waters again, the home in which children are of secondary importance is a potential delinquent-producing home. It may be in the early stages of the child's life that his demands are resented as interfering with the pleasures and relaxations of his parents. It may be when he is running about the house that a sense of injustice begins to grow in his mind. He may be reproved for hitting a table on which an adult is writing, when as a matter of pure justice, that room at that time should rightly be a play room, adults pursuing adult occupations in it at their peril. We cannot pretend to enumerate the possibilities here. Everybody is able to contribute out of vivid experience ways in which the interests of a child or other members of a family are set aside in recreation, in education, in social life, in the family budget, and in a family health program.

SEX EDUCATION.—A third factor is sex education. Under this head the first thing to be observed is that sex education does not merely mean sex hygiene. Nor does it mean a course in sex abnormalities. It means "character education in which sex is given its full value."

The second observation is that we are not debating an academic question. Sex education is a fact. Unfortunately, in most cases, it is bad education. An infinite variety of stories and guesses, both stimulating and satisfying a natural curiosity, hints, and more than hints from older children, and gleanings from the overhead conversation of elders, all these, and many other channels, are conveying, and to some extent also interpreting to the child a meaning of sex. It would be difficult to state fully the part that sex plays in life from the

moral and physical poison that it passes on from one generation, to the wonderful tendernesses and self-abnegation to which it may be and is sublimated in fathers and mothers. But this much we can say. The importance of sex is seen with terrible clearness when it is wrongly used. The studies directed by Judge Hoffman, and previously referred to, reveal that in 95 per cent of the cases under observation, the divorce was the outcome of the degradation of sex life. A much smaller percentage would be an arresting one, and, if we add to that witness the toll of prostitution and of venereal disease, we have enough to convince us that we are dealing with a weighty factor in life.

The next thing that we should make clear to ourselves and to the world is that sex can be wisely and positively used for happy living. Sex is a fundamental part of life. Its use may lead to disaster or to happiness, but it will be used, one way or another. It is for us consciously to train our young that they may use it wisely and beautifully and escape the ravages it is capable of when badly used.

When this is acknowledged, the next question is "How?" Generally speaking, the education will be of two kinds, direct and indirect. The latter is being afforded by the home every minute the child is in it, and we can but pray that our behavior may in some real way so become our professions, that little children may learn from our attitudes and conduct that which will be for their good.

Direct, formal education will consist of information, interpretation, inspiration. Knowledge must be given—accurate knowledge. The facts learned must be arranged with other facts of life, and finally the ideas thus formed must be converted into ideals. It is needless to elaborate here on the vital part that religion plays in this process. But it should be said that formal sex education is in the path of this society's future development, if for no other purpose than that of efficiency, growing out of the medical profession's fight against venereal disease. And the question is whether

religion will withhold its contribution and by so doing help a materialistic notion of life to gain hold on new generations, or whether it will enter heartily and give the noblest inspiration the movement can have. This whole problem has been stated in various ways by the American Social Hygiene Association, which is eager to be used and will welcome inquiries. **PREPARATION FOR MARRIAGE.**—A fourth factor is preparation for marriage. In a certain sense preparation for marriage begins at birth. But while that is true, there is, on the one hand, definite information which, if properly given to young people, would be a factor in their choice of a mate, and again there is definite information which will save clumsy, well meaning hands being “thrust among the heart strings” of a loved one.

The astounding thing is that so many parents are unable to give what is needed. An interesting book of recent date tells of the situation in a normal school in an American city. The principal had addressed the potential teachers on the virtues of sex education. The girls went to him in a body and said, “We agree with you thoroughly. But where and how shall we find out what to teach?” He supplied a teacher who began by eliciting from the class what they knew and what they did not know. The result was an appalling conglomeration of misinformation, old wives’ tales, and gutter proverbs. This in an American city, in a group of girls of middle class background, and at least selected to the extent that their prospective careers selected them! Some of the questions asked were pathetically enough prompted by parents eager to seize this opportunity.

At any rate, there is evidence enough that we must both stir up and prepare parents so that they, in turn, may prepare their children for marriage.

All of this calls for a program that is based upon two apparently opposite principles. One is that the individual receives his most powerful impressions and practices in early home

training. The other is that we can effectually supplement home training by the training that takes place outside the home. On this paradox we must base our program and our faith, that we must make homes better and prepare our children to make better homes. And this program, this faith, has a validity other than that of present, and possibly temporary, social welfare, only in so far as we conceive of this life as part of eternal life, of these values subserving eternal values, and of all living as being most properly directed to the worship of Him "whose service is perfect freedom."

EDITORIALS

A NOBLE PHILOSOPHY OF LIVING

The Editor yields for a moment to David Starr Jordan, Chancellor Emeritus of Stanford University. How Dr. Jordan looks upon human life is beautifully brought out in his *Reason, Reverence, and Love*, an article which appeared recently in a magazine of national circulation. Out of the rare combination of a scientific point of view with the peace of understanding that wise and mellow spirits learn from love, seeing "things as they really are," Dr. Jordan has contributed a philosophy of living which everyone should have the privilege of knowing, and emulating:

"Science broadens the human mind and releases it from the cramping effects of reliance on tradition and on authority. Science opens the way to freedom, the only freedom there is, the release and development of one's own personality. The scope of religion concerns our relations one toward another and to the unseen and unmeasured powers which surround us in the universe. Coördinate with the spirit of religion is the spirit of love, beginning far down in the scale of life, but rising to be potentially *the highest development of altruism*, the love of man and woman, the love of mother and child. In the

perfection of the mind, three features stand first, these are reason, religion, and love. Of these three, reason and its product *knowledge* stand as the regulator of emotion and thus the backbone of conduct. We have been, each of us, thrust suddenly into a gigantic universe. Knowing nothing of the past, present, or future, except as we can trace it by the dim light of our own observations and experiments and the recorded experiences of others, we find ourselves surrounded by creatures more or less like us and just as bewildered, and again encompassed by natural objects we can see and feel and by mighty powers we can neither see nor understand. And we find that unseen forces though not tangible are just as potent as the others and just as capable of tremendous disturbance of our daily actions. To stand in awe before the unseen is the beginning of religion, to attempt to find out how it behaves is the beginning of science. To be just and kindly toward our fellowmen and to be devoted toward our own family is the function of love, a sentiment as old as animal life, the traces of altruism appearing even in animals of a single cell, and outrunning conflict through the world of animal life. . . .”

IS SEEING BELIEVING?

Just what happened at a recent national motion picture conference in Chicago will probably be revealed in the full report of the proceedings of the meetings. The resolutions, however, indicate to some extent the diversified topics of discussion. Among other things the resolutions laid emphasis upon the alleged failure of the movies to perpetuate what was best in modern civilization, and recommended that universities and educational foundations launch a scientific research into this field; that psychiatrists and child specialists give consideration to the relation of movies to antisocial behavior in youth.

Negative teaching may produce “thrilling” movies, but when the Peking *Daily News* remarked that certain foreign

(American) films then showing in that city were "debauching Chinese morals" one wonders to what degree these same movies are "debauching" American morals. Missionaries in Eastern lands are said to be having a most difficult time explaining to the natives that American men are *not* "barbaric savages" who gamble for a living, drink whisky like water, carry two guns, and kill their fellowmen as a pastime, and that American women are *not* dancehall girls, who smoke and drink continuously, and "sell themselves for a coin or a smile."

There seems to be a steadily growing disposition to discredit the old theory that it is wholesome to witness the struggle between good and evil, and pictures which have as their purpose a moral uplift often degrade because their details result in morbidity and unwholesome stimulation. Adolescents, at certain periods, are especially susceptible to the portrayal of evil which tends to promote and popularize immorality and crime through imitation. Experience teaches that in the home and school and church the constant portrayal of right conduct and good example produces right habits of thought with a tendency toward right conduct under similar circumstances in the life of the observer. It is to be hoped that ultimately through coöperation of educational forces and producers and theatre managers, sound ways and means will be devised for utilizing the immense influence of the motion picture for the greatest good of the public.

SOCIAL HYGIENE BULLETIN

*Continuing the SOCIAL HYGIENE BULLETIN which was published
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Sir Arthur Newsholme to Visit the United States.—Word has been received by the National Health Council, 370 Seventh Avenue, New York City, from Sir Arthur Newsholme, K.C.B., M.D., F.R.C.P., accepting the Council's invitation to address the American Health Congress to be held at Atlantic City, May 17-22, 1926. Sir Arthur Newsholme is a vice-president of the British Social Hygiene Council and chairman of its Social Hygiene Committee, which was formed to prepare the necessary material to enable the propaganda of the National Council to include the wider aspects of social hygiene, especially as bearing on character building. During the year 1920, Dr. Newsholme was in the United States as lecturer in the School of Hygiene and Public Health at Johns Hopkins University. At this time he addressed public audiences in every part of the United States as well as more special audiences at Johns Hopkins and other universities. Among other activities, he has been principal medical officer of the Social Government Board, now merged in the Ministry of Health, examiner in public health and state medicine at the Universities of Cambridge, London, and Oxford, and member of the Royal Commission on Venereal Diseases. Familiar with social hygiene and public health conditions in his own country from his forty years of experience and also well versed in American methods, Sir Arthur Newsholme's message will be welcomed by the thousands of public health workers who will meet in Atlantic City.

Dr. George E. Vincent, President of the Rockefeller Foundation, will address the Congress on the international phases of health work. Professor C.-E. A. Winslow, President of the American Public Health Association, will speak at one of the general sessions of the Congress, where the administrative side of state and city health work will be stressed. "Is Public Health Improving the Race?" is the title chosen by Dr. Ray Lyman Wilbur, President of Stanford University, for his speech. Many other speakers known for their work in the different branches of public health will complete this program, making it a memorable step in the development of public health in America.

This Congress marks the five years of coöperation between the voluntary national health organizations forming the National Health Council, and for the first time will bring together those engaged in the many phases of health work.

Marriage and Divorce Statistics.—According to the United States Census Bureau the number of marriages in the United States is dwindling and the number of divorces has increased. In the opinion of Dr. Victor C. Vaughan, chairman of the division of medical sciences of the National Research Council, says an item in *Science*, December 25, 1925, the cause is not that the morality of the country is lower but that women are able to support themselves and there are fewer children to hold drifting couples together. The figures of the Census Bureau show that although the population increased nearly one and one-half million from 1923 to 1924, the number of marriages for that period decreased from 1,223,924 to 1,178,206, or 3.7 per cent, while the number of divorces grew from 165,096 to 170,867. In 1923, there were 10 divorces for every 74 marriages, while in 1924 there were 10 divorces for every 69 marriages. Texas, the largest state, had the biggest divorce list, and Illinois and Ohio were next. New York, Illinois, and Pennsylvania, respectively, reported the most marriages. Divorces in states are said not to indicate social trends as a rule, but to be dependent on the nature of the local divorce laws.

Third Congress of Dermatology and Syphilography.—The third Congress of Dermatology and Syphilography will be held in Brussels in 1926, under the chairmanship of Professor Morelle. Dr. Dekeyser is the general secretary of the congress. Papers will be presented on: (1) tuberculids, their nature and treatment, by Pautrier (Stras-

bourg) and Schaumann (Stockholm); (2) herpes and zona, together with their etiology, by Levaditi (Paris) and another author to be determined; (3) purpura, by Lespinne (Brussels), Roskam (Liège) and P. E. Weill (Paris); (4) syphilitic reinfection, pseudoreinfection and superinfection, by R. Bernard (Brussels), Carle (Lyons), and Marcel Pinard (Paris); (5) endocrine disorders of heredosyphilitic origin, by André Léri and Barthélémy (Paris), and Nicolas and Gaté (Lyons), and (6) the present status of lupus therapy, by P. François (Antwerp), Halkin (Liège) and L. Dekeyser (Brussels).

Infant Mortality Declines in the United States.—A definite decline in the infant mortality rate in all racial groups during the six-year period 1916–1921 is reported by Dr. J. V. DePorte of Johns Hopkins University as a result of his analysis of birth and death statistics for different racial stocks in the United States.

Dr. DePorte states that the decline has been both absolute and relative, reducing the degree of variation between the rates of the diverse groups. He found the differences in the rates of infant mortality of the several groups due primarily to differences in mortality from diseases of the digestive and respiratory systems, which are theoretically, preventable. Less change, absolute or relative, was found in the rates of mortality of infants under one month. The differences between the various groups in these rates very probably have a biological basis, according to Dr. DePorte, and, in this sense, may be termed racial.

Policewomen Endorsed.—Recognition of the policewoman and her work has been evidenced during the past year by a number of important women's organizations. The International Council of Women, the General Federation of Women's Clubs, the National Congress of Parents and Teachers, and the National League of Women Voters discussed the subject of policewomen at their various conventions and passed significant resolutions in regard to it. These resolutions have been printed in the December, 1925, *Bulletin* of the International Association of Policewomen as follows:

This resolution was adopted unanimously by the International Council of Women at its Quinquennial Convention, Washington, D. C., May 12, 1925.

That in view of the experience gained as to the benefits accruing from the employment of carefully selected and adequately trained policewomen in dealing with delinquent women and children, and in the prevention of delinquency, the National Councils are requested to urge on their respective Governments the necessity for incorporating a sufficient number of women with adequate powers and status in every police force.

The following resolution was unanimously adopted by the Council of the General Federation of Women's Clubs in conference at West Baden, Indiana, June, 1925, and in confirmation of the resolution to coöperate with the International Association of Policewomen and to promote its principles, which was adopted unanimously, at the Biennial in Los Angeles, June, 1924:

Whereas, the policewoman is one of the most important public servants in the prevention of crime, delinquency, and evil conditions in the community, and therefore the protector of youth; and

Whereas, this service is most effective where policewomen function in a unit as a woman's bureau with a woman director having rank equal to that of other officers in the Metropolitan Police Department who are immediately subordinate to the Chief of Police, or the Commissioner of Public Safety, or Commissioner of Police; and

Whereas, policewomen must do preventive, protective work for women and children; and they must therefore deal with all cases of women and children, whether offender or victims of offenses; with all matters relating to lost children, fugitives from parents or guardians; with all sex offenses involving women and children; investigate the criminal exploitation of women and children, neighborhood conditions, commercial recreation, parks, hotels, and rooming houses; deal with, interview and care for all females of whatever age coming into custody of the police, and exercise such other functions as may prove necessary; and

Whereas, this can be accomplished by the careful selection of educated, trained, and experienced policewomen, conditions for whose admission to this service may not fall below standards fixed by the United States Civil Service;

Therefore, be it resolved, that the General Federation of Women's Clubs endorse these principles: "To establish a Women's Bureau in the Metropolitan Police Department of the District of Columbia, and will coöperate with the International Association of Policewomen for the advancement of women in police departments."

Resolution adopted by National Congress of Parents and Teachers, Austin, Texas, May 1, 1925:

Whereas, the qualified policewoman is one of the most effective agencies in the protection of young people in public places and in the community prevention of delinquency:

Be it resolved, that the National Congress of Parents and Teachers in convention assembled, hereby endorses the standards and purposes of the International

Association of Policewomen and in the establishment of women's bureaus in police departments under the immediate direction of a qualified woman with equal rank to that of other officers in the police department who are immediately subordinate to the directing head.

Be it further resolved, that the National Congress of Parents and Teachers hereby endorses and calls upon the United States Congress to enact into law at its next session Senate Bill 4308 or a bill providing for similar standards of service which will make permanent the Woman's Bureau of the Metropolitan Police Department of the District of Columbia, which has for seven years rendered excellent service in the nation's capital city.

The National League of Women Voters, in convention at Richmond, Virginia, April, 1925, adopted, in substance, the following resolution, as part of their active Social Hygiene Program:

Provisions for the prevention of delinquency, by means of legally established Women's Bureaus in police departments and the appointment of properly qualified policewomen, probation officers, and visiting teachers, with all necessary modern clinical equipment for their work.

Venereal Disease in New York State.—In its annual report for the year 1924, the Division of Venereal Diseases of the New York State Department of Health records that there has been a constant increase in the number of new cases of syphilis and gonorrhea until the year 1924, when the number of new cases reported was practically the same as for the year 1923. The morbidity rates for both diseases vary widely for different cities and counties. The morbidity rate for venereal disease was 348 persons per 100,000 population for the entire state; in the urban districts it amounted to 389 per 100,000 population; in the rural districts it was 96 per 100,000; and in the institutional districts it was 2673 per 100,000. Venereal morbidity rates for counties varied from 42 per 100,000 population in Schoharie to 715 in Albany, with an average rate of 284. Upstate, exclusive of institutions, had a syphilitic rate of 200 and a gonorrheal rate of 84, making a ratio of one to two and one-half. The high rate for syphilis, which exists almost invariably, is probably due to the method of reporting. Doctors do not report cases of venereal diseases directly to this Division, but are required by law to submit such specimens as may be necessary to approved laboratories for examination and, in turn, the laboratories report all positive or doubtful cases to this Division. Many physicians feel confident of the clinical diagnosis in cases of gonorrhea and do not trouble to confirm it by submitting

specimens to the laboratories, whereas in the case of syphilis, the physician desires, generally, to have the clinical diagnosis confirmed.

The peak age for syphilis among men increased from 22 years in 1923 to 30 years in 1924; among women it increased from 23 years in 1923 to 24 years in 1924. The peak ages for cases for gonorrhea increased from 22 years in 1923 to 24 years in 1924 for men, and from 20 years in 1923 to 24 years in 1924 for women. In syphilis for the year, 1924, 32 per cent of female cases reported occurred during or before the peak year of 1924. For males 40 per cent of the cases of syphilis occurred during or before the peak age of 30. Up to the age of 24 which was the peak age for females, only 20 per cent of total males to be reported were registered. Although the peak age for gonorrhea was 24 years for both sexes, 63 per cent of the total females and only 44 per cent of the total males were 24 years of age or less. These statistics emphasize the fact that females seek treatment for venereal diseases at earlier ages than males; and since the percentage of cases that are acute is practically the same for both sexes, it is evident that females are infected at an earlier age than males.

Growing coöperation and support on the part of physicians was reported. In the year 1922, 39 per cent of the registered physicians treated at least one case, the next year 40 per cent, and the year 1924, 43 per cent.

Some of the more important investigations carried on during the year were:

1. Survey of state, locating individual physicians who are treating the venereal diseases. This survey showed that physicians treating the venereal diseases are distributed over the state with surprising uniformity.

2. An extensive study of cases which laboratory reported incomplete Wassermann reactions. This study is not completed.

3. Effect of treatment on pregnant women at the clinics.

4. A comprehensive study in regard to congenital syphilis to determine its prevalence, age of child when first discovered, mortality rate under two years, frequency of certain cardinal symptoms, and number of physicians searching for and treating such cases.

Widows', Orphans' and Old Age Contributory Pensions Bill, Great Britain.—About 15,000,000 wage earners (approximately 30,000,000 persons, including dependents,) are affected by "The Widows',

Orphans', and Old Age Contributory Pensions Bill'' passed recently by the British Parliament, some provisions of which came into effect January 4, 1926. These provisions include weekly payments to widows, with additional allowances for children up to the age of 14 (if children are attending school, up to the age of 16), and an allowance for orphans under the same age. The insurance is compulsory for all wage earners except nonmanual workers earning more than 250 pounds a year.

Policewomen to Meet.—The next annual convention of the International Association of Policewomen will be held in Cleveland, Ohio, May 26th to June 2nd. The latest meeting took place in Denver, Colorado.

Accomplishments Under the Maternity and Infancy Act.—The report on accomplishments under the Maternity and Infancy Act for the year ended June 30, 1925, shows that 10,806 child-health conferences have been held, 622 child-health centers established, and 290,590 children examined. The 3581 prenatal conferences, which have been held, were attended by 35,997 women. The attendance at mothers' classes was 66,573, and 2476 "little mothers'" classes have been organized.

Summaries for the two years, 1924 and 1925, show that, in addition to the examination of babies and young children at the child-health conferences, the approximate attendance at the 9669 prenatal conferences was 75,000; at the classes for midwives, 40,000; and at mothers' classes, 162,000. Over 5000 "little mothers'" classes were organized, 1706 child-health centers and 245 prenatal centers were established.

Other activities under the Act included home visits by nurses in sparsely settled districts, nutrition work, inspection of maternity and infant homes, improvement of birth registration, and efforts to provide adequate prenatal care.

Forty-three states and Hawaii are coöperating under this Act, the only states lacking being Connecticut, Illinois, Kansas, Maine, and Massachusetts.

The Navy's Greatest Health Problem.—Rear Admiral E. R. Stitt of the Medical Corps, United States Navy, says in an article in the *United States Naval Medical Bulletin*, January, 1926, that "environ-

mental influences in many of the cities and towns from which our sailors come are so bad, from a social hygiene standpoint, that we can hope for little result from our instruction." The start should be made in the home and in the schools if an educational program explaining the dangers of venereal disease and inculcating the necessity for continence is to be made successful. In the Navy, the men are cautioned regarding the effect of the disease on advancement and the dire consequences which may follow in case of marriage. The report says regarding medical treatment:

If our advice is ignored and infection follows, we encourage the men to seek early treatment, avoiding as much as possible all measures tending to weaken trust and confidence in their medical officers. In the control of any communicable disease it is essential that we have complete reporting, for which reason we discourage pressure on the men or medical officers which might encourage concealment of disease. Only concealment of disease and failure to seek early treatment should be punishable.

We have spared neither effort nor money in the application of chemical prophylaxis, constantly seeking new formulas which may be more effective, but so far such measures have not given us the results we hoped for.

Living apart from the companionship of women makes more strong the longing for such association, and we recognize the help that can be given us by churches and other organizations in arranging entertainments where the enlisted men can meet young women of the right type and thus form desirable acquaintanceships.

Recognizing the importance of public opinion, we try to support the influence of the man of character and to put an end to the pernicious activities of the man of loose morals. In our statistical reports and supporting analyses we are trying to assist in the solution of this most difficult problem.

It is reported that approximately 25 per cent of the damage done the Navy by diseases is from the venereal diseases, and Rear Admiral Stitt considers their control the Navy's greatest problem at the present time.

Health Centers in England.—A committee of welfare workers in London, of which Mrs. Gerald Schlesinger is the Honorable Organizing Secretary, has recently established at 142, Queen's Road, Peckham, a health center with the object of securing for parents peaceful homes, happy parenthood, healthy babies, and useful citizenship. The announcement calls this project a pioneer movement, and it says in part: "We have an elaborate system of hospitals, asylums, and poor law institutions, but these do not set out to prevent disease; they can only cure or alleviate it. We have, on the other hand, the comparatively new chain of Welfare Centers established for the pre-

vention of disease. Even these centers, however, do not begin at the beginning nor do they achieve all they set out to do; they are not able to prevent the birth of the congenitally unhealthy child."

"At the Health Center we are endeavoring, in one organization, to cover the life of the child in its entirety, and to provide circumstances which will promote a satisfactory environment for its upbringing. To the usual baby ante-natal and dental clinics we are, therefore, making some additions designed to cover ground at present untouched by Welfare Work."

Thus the new health center, which is similar to several in the United States, has been created to fill a distinct need, and it is believed that this particular one is but the forerunner of other centers of the kind which will be established in England.

Grover William Wende, M.D.—Dr. Grover William Wende, who was Professor of Dermatology and Syphilology in the University of Buffalo Department of Medicine, Buffalo, New York, died on February 9th, from a fracture of the skull. He was hit by a street car while walking to a medical society meeting. A leader in his specialty, Dr. Wende held staff positions in many hospitals in Buffalo. He had been a member of the faculty of the University of Buffalo Department of Medicine since 1892 and he was active also in general medical affairs. His literary contributions appear in many scientific periodicals and he had been president of the American Dermatological Association as well as president of the Medical Society of the State of New York and chairman of the Section on Dermatology of the American Medical Association. During the war he was a member of the Advisory Committee on Venereal Diseases and rendered a notable service to the country through his duties in this connection in the Surgeon General's office in the War Department.

Army Statistics in Italy.—Statistics pertaining to antivenereal prophylaxis in the army for the year 1924, have been compiled by Colonel De Berardinis, M.D., Chief of the Bureau of Statistics of the Army Medical Corps, and published by the Italian War Department, says an article in the *Journal of the American Medical Association*, February 13, 1926. During the year 1924, 71,614 army men made use of antivenereal prophylaxis, as compared with 58,875 men in 1923, and with 19,735 men during the second half of the year 1922.

The increase is believed to be due to the campaign of instruction that has been carried on, to the creation of new prophylaxis rooms, and to the growing confidence among the soldiers as to the efficacy of prophylaxis. The percentage of infections developing among the men using prophylaxis varied from 0.34 in the army corps of Milan to 1.44 in the army corps of Bari. The variation in percentages is attributed to the variation in care and accuracy with which the prophylactic measures were carried out in certain branches of the service. In view of the increased number of infections of men who postponed prophylaxis, Colonel De Berardinis recommends that every tolerated brothel be required to provide a prophylaxis room of the type already established at the garrisons.

The Community and Social Hygiene.—On November 12, 1925, Sir Arthur Newsholme spoke before the British Social Hygiene Council at King's College, University of London, on *The Community and Social Hygiene*. An account of his lecture appeared in the November 28, 1925, issue of *The Medical Officer*, in which he was quoted as saying:

1. I consider that the control of venereal diseases should become more and more a question of organizing public opinion and action against irregular sex relations, which for practical purposes are solely responsible for these diseases, though I would press for extensions of the medical measures against these diseases, which have already had a large measure of success.

2. I do not consider any short cut to freedom from these diseases likely to have marked success, and I regard the general and public advocacy of prophylaxis in irregular sex relations as inimical to the moral progress by means of which, in conjunction with present and extended medical measures, we shall eventually render these diseases a shadow of their present self.

3. Although there is evidence of increasing sexual laxity in many circles, history shows a marvelous improvement in this respect as compared with the past. I do not believe that the experience of men and women "about town," or the prurient studies of some popular novels, are consistent with the experience of the mass of our people, for whom happily sexual experience begins with marriage, or never begins at all.

4. In recent years and especially in the last decade, notwithstanding the terrible sexual lapses during the Great War, the hope of controlling venereal diseases has become increasingly bright.

5. Much good can be made to result from the greater frankness with which sexual problems are now discussed; for although this may be regarded as implying an "eclipse of modesty," it can also bring about a realization that, as Professor Arthur Thomson has put it, "Sex at its best is like religion at its best, a reaction of the whole organism, heart, hand, and head."

6. The teaching of sex hygiene is important, always if possible as part of general physiology and hygiene, although its importance is subsidiary to the teaching indicated in paragraph eight.

7. There is profound need for the pressure of public opinion in favor of clean talking and clean writing. The mother's endeavor to teach her boy the sacredness of his own body and "reverence for the channel of motherhood" is made ineffective while we do not discourage the common sniggering when this subject is mentioned, or the treatment of this subject in newspapers in a manner which, in Havelock Ellis's words, implies that "the sacred temple is treated as a common sewer."

8. Character training is the most important, but the most neglected part of our educational system, from the cradle to the university. The object of education, from our present point of view, is to conform the child's reason to that of the community. To this end it is necessary to liberate and organize all the instinctive and emotional powers of each person under the guidance of a rational and ideal purpose. This purpose should include the golden rules of the gospel, and become an extended altruism, which even already is being partially appreciated. This realizes and tries to embody in action that we are links in the chain of time, an essential part of one function in life being to "pass on the torch of life undimmed and steadier."

9. For some members of the community the accidents and mishaps of matrimonial life, and for others a necessarily celibate life will call for a higher sacrifice. We are all members one of another, and communal welfare cannot be secured without repetitions of the crucifixion in every generation.

The article then went on to say:

Sir Arthur Newsholme took an optimistic view of human progress, though he remarked that venereal disease was still credited on good authority as being one of the four great causes of death, standing alongside of cancer, pneumonia, and tuberculosis. Could sexual irregularity be eliminated, he said, venereal disease would disappear in one or at the latest in two generations. He expressed in categorical language his attitude toward the question of personal prophylaxis, holding that this was an inadequate and precarious protection except in the conditions of naval and military life with rigidly enforced discipline; that although he would not prevent any person who, notwithstanding hygienic and moral warning, was determined on irregular sexual relationship from obtaining the needed preparations for prophylaxis, he would regard public propaganda on the subject as implying a sort of partnership in the projected immorality, as possibly encouraging widened promiseuity, and as seriously detracting from the effect of the teaching of continence, which was the greatest need of the present time.

Remarking that the community problem of social hygiene was a problem of conduct, Sir Arthur Newsholme reviewed the past history of man. Man's humble origin was a tragedy rooted in his ancestry which made him always in some measure a creature divided against himself. The history of social welfare was the story of increasing progress toward the fulfillment of the ideal of active

beneficence. Progress had never been so rapid or so great as in the last hundred years, and love of our neighbors was becoming the wider love of mankind. It could not be denied, however, that we had in our midst people and groups of people who represented the stagnant pools of barbarism, but these pools were fewer and smaller than erstwhile. As illustrating the growth in moral sentiments, he referred to the history of slavery and to the various enactments for the industrial protection of women and children, to the Children Acts, to the enforcement of regulations for the safety of ships, to all our Public Health Acts and regulations, and to the compulsory education of the young. These could be matched on the voluntary side by the various missionary efforts, by the stream of charitable subscriptions for hospitals and other institutions, and by the large sums obtainable when any great national or foreign calamity occurred. This marvelous display of private beneficence was a recent phenomenon. History left us with the satisfactory reflection that in many branches of life there had been vast improvements in our sense of social responsibility.

As regards sexual morality there was also indubitable evidence of improvement, and Sir Arthur Newsholme illustrated his point by reference to the history of past ages. One of the problems of social hygiene was to ascertain how an act which even now was regarded as venial in a man and infamous in a woman, could by force of public opinion be made equally infamous in the two sexes. Not only was there the factor of disease to be considered, but it had to be realized that in many social circles the integrity of the family was disturbed and its high ideals injured by widespread immorality.

Medical measures were the first line of attack in the present circumstances and were doing incalculable good, nor could one to-day desire to encourage a high standard of sexual conduct by inflicting disease as a punishment for a departure from that standard. For this reason official medical measures in the interest of the community were making even promiscuity less prone to disseminate disease while carefully guarding against the responsibility of partnership in promiscuity. Still further action, however, was practicable by the extension of our present medical services and by social work in connection with them. There had been considerable neglect of present opportunities for the treatment of congenital syphilis and of the parents of such patients.

There was scope for increased activity in the enforcement of the law, and the law itself might well be reformed. It was supremely important to convince the average mind that real good was done by reducing the temptation to vice. After advocating the protection of feeble-minded persons by segregation, Sir Arthur Newsholme discussed the problem of early marriage and the difficulty of securing house accommodation, which he thought could only be solved when, in addition to change in the industrial factors of profiteering and inefficiency, we were determined to spend a larger proportion of our total income on rents, diverting expenditure in alcoholic drinks and other superficial expenses. The chief line of social safety in sex matters consisted in the cultivation by every legitimate method of right public opinion. After attacking indecent literature, plays, and cinema films, he argued that we might well remember that although the gutter and the sewer played a part in real life we need not wallow in them. Sir Arthur Newsholme contended that the present condition of psychology might

be utilized more efficiently in connection with education and among practical measures. He advocated that educational authorities should give facilities to teachers to attend special courses of lectures on social hygiene and ethics; that they should lend school buildings for conferences between teachers and parents on the same subject; that the Board of Education should issue a syllabus and handbook on social hygiene and character training; that biology, psychology and hygiene should be taught in all secondary schools; that government and other large employers should be roused to a sense of their moral responsibility for the adolescence of youths and girls in their employment; and that there should be a continuous effort to replace ethical on an equal footing with intellectual training.

Finally, in this connection, Sir Arthur said: "*Ad hoc* educational effort directed solely to sexual hygiene is relatively ineffective. When local authorities are given power—as we hope will soon happen—to spend money on all branches of public health education, it will become practicable for public health and education authorities to combine in the general cultivation of higher standards of life, sexual hygiene then taking its place with other branches of teaching directed toward self-control as affecting health. This joint responsibility of education and public health authorities for adolescents extends to the provision of adequate recreative facilities; and in this connection there is opened out a vast sphere of communal activity which can be made to bear abundant fruit in improved morality as well as in better health."

Syphilis Considered a Negligible Factor in Mental Deficiency.—In an article on *Syphilis in the Etiology of Mental Deficiency*, which appeared in the October, 1925, issue of *Mental Hygiene*, Dr. Neil A. Dayton, Assistant Superintendent, Wrentham State School, Wrentham, Massachusetts, found that a review from the literature of 13,761 cases of mental defect which were given the Wassermann test showed positive reactions in 1069, or 7.8 per cent of the cases. A review of 25,576 nondefective children given the Wassermann test showed positive reactions in 1376, or 5.3 per cent of the children. In the 1631 cases at the Wrentham State School tested by the same means, 57, or 3.4 per cent, reacted positively. An analysis of the Wrentham positive cases showed that only 1.7 per cent of the total number tested could be considered as due to congenital syphilis uncomplicated by other major etiologic factors.

"This analysis and its resulting figures," says Dr. Dayton, "tend to revise our estimate of syphilis as a cause of mental deficiency and to place this disease among the negligible factors."

Canada Enacts Child Welfare Laws.—Charlotte E. Whitton, Executive Secretary of the Canadian Council on Child Welfare,

in a paper on child welfare legislation in Canada, 1920-1925, which was printed in the January, 1926, issue of *Social Welfare*, gives a digest of the various laws enacted. Some of this legislation has an important bearing on social hygiene. The Dominion Parliament passed a law fixing the minimum age for admission of children to employment at sea, at fourteen years, and requiring compulsory medical examination of children and young persons employed at sea. Effect was given to an arrangement between Canada and the United States whereby family desertion was added to the list of extraditable offenses between the two countries. Aided and unaccompanied child immigration has been restricted by regulation to children over fourteen years of age. The age limit of offenders coming before a juvenile court has been extended from sixteen to eighteen years. This amendment comes into force only in those provinces requesting its proclamation. There was also additional federal legislation relating to child welfare.

In the provincial field the three most significant enactments passed since 1920 were the Child Welfare Act of Manitoba, first passed in 1922, but amended and proclaimed in 1924, Ontario's enactment of the Children of Unmarried Parents Act in 1921, and the wide provision for legal adoption by Ontario, British Columbia, Saskatchewan, and Quebec. Other provincial legislation was passed which concerned child health, the child in employment, education and recreation, and neglect and dependency. Children's protection acts were passed or amended in New Brunswick, Nova Scotia, Ontario, Prince Edward Island, and Saskatchewan. Amendments affecting mothers' allowances were passed in most of the provinces and special provision was made for the subnormal, defective, and otherwise handicapped child.

Dr. Lamb Again Heads Social Hygiene Society.—Dr. Robert Scott Lamb was reëlected president of the Social Hygiene Society of the District of Columbia for the ensuing year at a meeting of the Board of Directors held on February 8, 1926. Other officers reëlected were Stephen E. Kramer, first vice president; Mrs. Julius Lansburgh, second vice president; Dr. Abram Simon, third vice president; Dr. W. C. Fowler, fourth vice president; Willard C. Smith, secretary; and E. C. Graham, treasurer. The society has recently opened an office in the Star Building in Washington. At the annual meeting held on January 25th, the following members were elected to the

Board of Directors for three years, one-third of the Board being elected each year: Mrs. Joseph Saunders, Mrs. R. Thomas West, James E. Tobey, Mrs. Coralie Franklin Cook, John Dolph, Miss Alice Deal, Rev. W. L. Darby, Dr. Howard Fisher, Dorsey Hyde, Jr., Mrs. Julius Lansburgh, Mrs. G. Brown Miller, Dr. Abram Simon, Surgeon General E. R. Stitt, Right Rev. C. F. Thomas, Mrs. Carl Voegtlin, and Mrs. Charles D. Walcott.

Activities of the Erie Social Hygiene Association.—The Erie Social Hygiene Association located in Erie, Pennsylvania, has announced a well-rounded community program to effectively combat vice and disease. Its activities include:

1. Aiding constituted authorities to suppress commercialized vice and the venereal disease carrier.
2. Maintaining a venereal clinic under state control and reporting cases of venereal disease for treatment. Adequate treatment of venereals, male and female.
3. Insistence upon the detention in quarantine, as the law provides, of women taken in raids and the examination of women suspected as disease carriers.
4. Education on sex and social hygiene through the dissemination of literature, the use of lectures, etc., and encouraging all efforts to provide proper recreational facilities for the youth of the city and the suppression of unwholesome forms of amusement.
5. Protective work for girls with particular emphasis upon socially adjusting the unmarried mother. Rehabilitation of girls beginning a life of prostitution by means of correctional institutions or probation or by other means helping the less hardened types back to self-respect. Case work by experienced social workers.

Officers of the Erie Social Hygiene Association are: Ross Pier Wright, chairman; Otto G. Hitchcock, treasurer; W. Pitt Gifford, chairman, legal section; Charles H. Strickland, M.D., chairman, medical section; William G. Allen, M.D., clinician; Mrs. Harriet Powell, executive secretary.

Marriage Legislation in 1925.—Fred S. Hall, Associate Director, Charity Organization Department, Russell Sage Foundation, in an article in *The Family*, January, 1926, has the following to say of marriage legislation in 1925:

There were 73 marriage bills¹ introduced in 31 of our state legislatures during 1925. The 14 which became laws related to:

¹ Three additional bills, referred to in newspaper dispatches, have not been included because verification of their proposed provisions has not been obtainable.

A period of delay before or after issuance of the marriage license—Michigan, Vermont and Nebraska.

The marriage of mentally defective or diseased persons—Iowa and New Hampshire.

The marriagable age—Vermont.

The place where marriage licenses may be obtained—Oregon.

A commission on marriage and divorce—Rhode Island.

Minor matters—California, Connecticut, Indiana, Iowa and Oregon (two laws).

Most important of the new laws are the three relating to a period of delay before marriage. The new Michigan law is complete and yet very brief. It is as follows:

No license to marry shall be delivered within a period of five days immediately following the date of application therefor: provided, however, that the judge of probate of each county, for good and sufficient cause shown, may, by an order in writing signed by him, authorize the county clerk to deliver such license immediately following the application therefor.

The final provision of this law has been interpreted by the Attorney General of Michigan to mean that such a waiver may be granted only "for the protection of the reputation and good name" of one or both of the parties concerned.

In Vermont the required five days' delay is placed much less effectively after the issuance of the license instead of before. Heretofore this provision has applied only to marriages solemnized in a county in which neither candidate resided, but now it applies to all marriages.

The most serious backward step of recent years in marriage legislation has been the repeal of Nebraska's advance notice law. This is reported to have been brought about largely through the efforts of Nebraska jewelers. They claimed that the advance notice clause caused candidates to go into other states to be married in such large numbers as materially to affect their business. Evidently too swift a pace had been set in 1923 when the law was passed. A ten-day interval had been required in place of no advance notice at all. By contrast, the Georgia reformers in 1924 accepted the more moderate five-day delay now usually required in states that have an advance notice provision, and it is gratifying to be able to note that the two attempts made this year to repeal the Georgia law resulted in failure.

Many states provide that mentally defective or diseased persons shall not receive marriage licenses, and in one state, Minnesota, license issuers are supplied regularly with lists of those found to be in this

condition. Iowa, however, is the only state in which, by a law just passed, such notification is obligatory. By a somewhat similar law passed in New Hampshire, lists of such disqualified persons are to be filed annually with the State Board of Health by superintendents of schools and superintendents of specified institutions. If a license issuer suspects the mental qualifications of a candidate, the application is to be forwarded to the State Board for approval or rejection. This procedure applies to candidates born since 1909; when the issuer is in doubt as to the mental qualifications of other candidates he shall have them examined by persons appointed by the State Board of Health.

Vermont is the only state which has raised the marriageable age during the last year. Advocates of a better law attempted to make the age sixteen for both sexes, but were obliged to accept fourteen for girls, with exceptions allowed on court order. Previously Vermont had had an ambiguous provision interpreted by some license issuers as a sixteen-year minimum for both sexes and by others as allowing marriages at the common law ages of fourteen and twelve.

Oregon has repealed an over-rigid law which required the bride to be a resident of the state, but in its place the new law provides—too loosely for efficient administration—that a license may be obtained in any county of the state, regardless of the residence of either candidate.

The most important of the other new laws is one passed in Rhode Island which creates a commission to study the state's laws bearing upon both marriage and divorce. The remaining laws, passed in Connecticut, California, Indiana, and Iowa, relate to applications for marriage licenses by both candidates instead of by only one; to the solemnization of marriage by a municipal court judge; to the collection of marriage statistics; and to the contents of the marriage certificate.

Of the 59 bills that failed, 17 were notice-of-intention bills, and more than half of these called for a longer delay than was wise in any state just attempting to introduce this type of legislation. Another group of 17 bills related to medical certification for marriage. One of these was an attempt to repeal the certification law of Oregon. Five bills failed also which attempted to raise the marriageable age, and three which referred to proof of age.

Though much of the legislation that failed was so ill-advised and

inadequate that it deserved to be defeated, the showing as a whole is better than in any year since systematic study was first given to marriage legislation. Careful attention to this subject by social workers during the next ten years should transform our marriage laws into something both reasonable and effective.

New Bureau Chief.—Dr. Benjamin S. Stephenson of Cincinnati has been appointed chief of the Bureau of Health Education in the Ohio State Department of Health, succeeding Dr. H. E. Kleinschmidt. Dr. Kleinschmidt has been promoted to chief of the new Division of Child Hygiene, which has charge of maternity and infancy work under provisions of the Federal Sheppard-Towner law. For more than six years, Dr. Stephenson was connected with the United States Public Health Service in Porto Rico.

Bulletin of Hygiene.—From the foundation in 1912 of the Tropical Diseases Bureau with headquarters in London, applied hygiene in the tropics has been discussed, first in the *Tropical Diseases Bulletin* and since 1920 in special *Sanitation Supplements* of the *Tropical Diseases Bulletin*. Beginning with January, 1926, the *Sanitation Supplements* was expanded into a monthly *Bulletin of Hygiene* in order to give the subject the adequate space which it demands. In this bulletin all the more important publications on public health and preventive medicine in the English speaking world are to be reviewed with particular reference to the needs of the Dominions and the tropical and other colonies and India. Dr. J. F. C. Haslam, late Government Medical Officer of Health, British Guiana, was recently appointed Assistant Director of the Bureau and will give most of his time to the new publication. Colonel L. W. Harrison, Special Medical Officer of the Ministry of Health, has charge of the section on the venereal diseases.

Dr. Coombs Succeeds the Late Dr. Young.—Dr. George H. Coombs, Director of Social Hygiene of the State Department of Health of Maine, has been appointed in temporary charge of the Division of Communicable Diseases to fill the vacancy caused by the death of Dr. Albion G. Young. For a while at least, Dr. Coombs will be in charge of both his Division and the Division of Communicable Diseases. For nearly 41 years Dr. Young devoted his time to the public

welfare of Maine, and he was the first full-time secretary appointed in 1885 when the first law authorizing a state board of health went into effect. Dr. Young wrote many articles on health and was a pioneer in the field of public health.

Annual Health Report of Lincoln, Nebraska.—Dr. M. F. Arnholt, Physician in Charge of the Bureau of Venereal Diseases of Lincoln, Nebraska, stated in the annual report of the Superintendent of Health of the City of Lincoln for the year 1925, that of the cases of venereal disease treated by the private physicians of Lincoln, 23 per cent were syphilis and 77 per cent were gonorrhea. During this same year 38 per cent of the new admissions for venereal disease treated by the city clinic were cases of syphilis and 62 per cent were cases of gonorrhea, while of the total cases of venereal disease treated by the clinic 43 per cent were syphilis and 57 per cent were gonorrhea. Although the new admissions numbered 303 in the year 1924, and 308 in the year 1925, an increase of but five patients, the total number of cases increased from 441 in 1924, to 531 in 1925, an increase of 90 cases.

As in the year 1924, the 1925 totals of new cases showed the city clinic treating more than one-third of all the cases in Lincoln. In 1925, treatments for syphilis increased 40 per cent and treatments for gonorrhea increased 14 per cent at the clinic, and the number of working hours increased from 1135 in 1924 to 1161 in 1925. The average daily attendance, which was 42.3 persons in 1924, amounted to 49.25 persons in 1925. Dr. Arnholt is of the opinion that through the efforts of the medical and the social service workers, patients are being taught to stick to their treatments until cured.

Roll Call for May Day.—The American Child Health Association is again calling attention to May Day, 1926, the day set aside for the special promotion and celebration of the nation-wide movement for child health. May Day has become not so much a detached celebration as an exhibition day, or rally, in a continuous effort to build life for a new generation upon a sound foundation of health. Mr. Hoover, commenting on the achievements of last May Day, said:

“The movement demands that no man or woman who enlisted in this cause last year shall fall behind or fail to enlist others, so that each year the results will double until it has become a national habit,

an almost subconscious impulse, to remember the child wisely, constructively, from the day that parents are born until the day their children become parents; that is, always."

May Day, this year, will be utilized to emphasize the positive side of health, calling attention to the need to develop ways and means to keep the child well rather than repairs to make him well. Those in charge of May Day programs are asked to bear this in mind and "to endeavor to make the day not only a gathering up and dramatization of what has been done, but that in each community it may serve as an occasion to reinforce an established work, or signal the beginning of some constructive new effort; that May Day, in short, may be a day not only of inventory but of inauguration."

312 Entries in National Playground Beautification Contest.—The Playground and Recreation Association of America reports that 182 cities in 42 states have entered 312 playgrounds and athletic fields in the national playground beautification contest. The South leads in the number of entries, 114 play fields being entered by 53 cities. New York leads the states, with 27 entries from 16 cities. Illinois is second, with 26 entries from 15 communities. Memphis, Tennessee, in entering 17 playgrounds, has the largest number of entries from any single community. Nine villages of less than 500 population have elected to beautify their playgrounds. The small cities will not have to compete with the larger, as the awards will be distributed equally among three population groups.

Many groups are represented in the entries, including a large percentage of municipal departments, such as recreation commissions, park departments, and schools. Civic and social organizations, among which are the American Legion, American Civic Association, Kiwanis, women's clubs, and the National Congress of Parents and Teachers, are lending their coöperation to the contest.

Meeting in Boston on "Visualization of Public Health."—The Public Health Committee of the Boston City Federation held an open meeting on the "Visualization of Public Health" on Friday, February 19th. The morning session was devoted to talks on the place of community agencies in a health program, by Dr. George H. Bigelow, Commissioner of Public Health, Commonwealth of Massachusetts; the conservation of health through health centers, by Dr.

Charles F. Willinsky, Director of Health Units, Department of Health, Boston; the conservation of the health of the school child, by Dr. John Ceconi, Director of School Hygiene, Boston School Committee; and the "ten-year program" as applied to Boston school children, by Dr. Sumner Remick, Director, Division of Tuberculosis, Massachusetts Department of Public Health. At the meeting in the afternoon Mrs. George L. Avery, Chairman of the Public Health Committee, Massachusetts State Federation of Women's Clubs, spoke on the conservation of health as seen by the State Federation of Women's Clubs, and the audience was shown films and several health plays. Eighteen social and voluntary organizations contributed to the success of the program, among which were the Florence Crittenton League, the Social Hygiene Committee of the Massachusetts League of Women Voters, and the Family Welfare Society.

Dr. Alec N. Thomson Assumes New Duties.—The January, 1926, issue of the *Long Island Medical Journal* carries the name of Dr. Alec Nicol Thomson as Editor. Dr. Thomson was formerly a member of the Journal's Editorial Committee. Dr. Frank Overton, the former Editor, is now Chairman of the Editorial Board which meets monthly to determine editorial policy, consider manuscripts, and guide the Editor in his general duties. As Secretary of the Public Health Committee of the Medical Society of the County of Kings, Dr. Thomson has given to the medical profession of Brooklyn, New York, a new vision of matters relating to the health of the individual. For several years Dr. Thomson directed the activities of the medical department of the American Social Hygiene Association, and later he was associated with the Dispensary Development Committee of the United Hospital Fund.

Sexual Offenses Against Young Persons.—The Departmental Committee appointed by the Home Secretary, London, England, in July, 1924, to collect information as to the prevalence of sexual offenses against young persons and to recommend any direction in which the law or its administration might be improved, has issued its report which includes 43 recommendations. These recommendations and comments upon some of the medical aspects of the report are printed in *The Lancet*, January 2, 1926. The committee reached its conclusions after considering the evidence of some 75 witnesses, including

judges, magistrates, barristers, medical officers, police surgeons, and representatives of the Church of England, the Home Office, the Board of Education, local authorities, and other bodies.

The committee was urged to advocate mental examination of sexual offenders. It was found that there was no conclusive proof that most of such offenders are insane or mentally defective. Of 200 men certified in prisons as mentally deficient, 50 were imprisoned for sexual offenses. Conversely, of 108 men remanded to prison for indecent assault, etc., none were found who could be certified as insane and only eight men were certifiable as mentally defective. But one form of offense, that of indecent exposure of the person, was found in which the proportion of mental instability was high. Of 150 men guilty of this offense, 14 were found to be insane and 24 were mentally deficient. On the basis of these findings, the committee recommends that all persons convicted of indecent exposure should undergo mental examination. The committee further suggests that mental examination be given all cases of repeated offenses, and all cases in which mental disease or defect is suspected.

In general, the committee deprecates punishment of sexual offenders by fine. It considers probation sometimes preferable, but concludes that in the majority of cases imprisonment is the most suitable punishment. The committee believes that women doctors should be freely employed in the examination of young girls, to avoid causing the patient further mental distress. It gives considerable attention to provisions for child welfare, to preventive measures, and to the training of teachers with a view to teaching sex education. It also proposes to raise the age of consent to seventeen years. The recommendations of the committee are concerned especially with the prevalence of the offense and alterations in the laws regarding it, with procedure in court, mental report before sentence, examination of women by women doctors, the age of consent, amendment of the Children's Act, and the condition of special homes for children.

ASSOCIATION NOTES

For several years the Association has carried on a study of St. Valentine's Day with a view to testing the possibility of using the traditions and the exchange of greetings on this day as a means of promoting fine ideals. Last year a Valentine's Day Committee was formed by the Association and letters were sent to 200 ministers together with a question blank asking their judgment on the project. The response was a hearty encouragement to go on.

This year the idea was placed before 2000 ministers to whom the Valentine's Day Committee is now turning for further advice and suggestions. Data regarding the history and customs of Valentine's Day were placed at the disposal of the ministers and they were asked if they thought it feasible to include some reference to the importance and ideals of love and marriage in their sermons on that date or during the week.

Twenty-six per cent of the ministers responded, more than four-fifths of the replies being favorable to the proposed use of St. Valentine's Day. One minister wrote, "I think that you are making a very definite contribution. It seems to me that we gloss over these special days without beginning to realize their significance and without harnessing their latent power . . .," and another said, "We believe thoroughly in the sublimation of the undesirable parts of old customs and are certainly glad that someone is undertaking redirection of Valentine's day."

* * * *

Mr. Ray H. Everett, Director of the Department of Public Information, left on February 23d for a field trip to Philadelphia, Richmond, Atlanta, Washington, Savannah, Jacksonville, Tallahassee, St. Petersburg, Daytona, and other southern cities. Conferences have been planned with the Virginia, Georgia, and Florida State Departments of Health and the United States Public Health Service. Mr. Everett will also carry on reconnaissance studies in several Florida communities.

* * * *

In a letter to Mr. George E. Worthington of the Department of Legal Measures of this Association Miss Jessie F. Binford writes:

"I am most anxious to have you and Miss Topping hear the good news that we have at last secured a Central House of Detention for

Women in Chicago with the Morals Court located in the same building. . . . The building we are to use is within half a block of Hull House.

"We have made so much use of the report¹ which you and Miss Topping prepared that I thought you would be glad to know that at last a beginning is going to be made on carrying out your recommendations. . . ."

For ten years, there has been before the city of Chicago an official recommendation for the establishment of a central detention station for women prisoners and the ordinance has been before the Finance Committee since July, 1925.

Under the existing system women and girls who are arrested are held in scattered police stations, under conditions which are said to be a reproach as to physical aspects, and which result in demoralization and most inadequate, uneconomical, futile disposition of cases.

It has been largely through the efforts of Miss Binford, Director of the Juvenile Protection Association, and Mrs. Adena Miller Rich, Vice President of the Illinois League of Women Voters, and other women prominent in civic, welfare, and church organizations that Chicago is at last to have this long-needed central detention house for women prisoners.

THE FORUM

The JOURNAL will publish selected letters or excerpts considered of general interest, assuming no responsibility for the opinions expressed therein. Communications must be signed, but publication of signatures will be withheld when so requested.

New York State Department of Health Coöperating
with the United States Public Health Service

February 16, 1926.

To the Editor:

Enclosed you will find the keys for the stereomotorgraph which you so kindly loaned for the work at Syracuse.

You will be interested to know that about fifty-eight lectures were given to a total aggregate of eight to nine thousand people. The

¹ *Specialized Courts Dealing with Sex Delinquency*. A study of the Procedure in Chicago, Boston, Philadelphia and New York. By George E. Worthington and Ruth Topping. New York: Bureau of Social Hygiene, 1925. 460 p. \$3.00 (plus postage, 12 cents).

work in Cattaraugus County followed immediately and during the two weeks there, Dr. Croff and Dr. Read addressed over nine thousand people. The reports from Cattaraugus County are very favorable. Apparently considerable interest was created in public health as well as in our particular field.

Very truly yours,

ALBERT PFEIFFER.

DIRECTOR, DIVISION OF SOCIAL HYGIENE,
A. A. SURGEON, U. S. P. H. S.

To the Editor:

You may be interested in this clipping from the Montrealer's Diary column of the Montreal *Herald* of January 16, 1926:

One of Canada's leading physicians—keen and travelled student in world genetics, if I may be allowed to coin the phrase—told me in all seriousness that:

Unless the United States lifts its bars to European immigrants its population within twenty-five years will be only three-quarters of what it is now.

The breath-taking idea just enunciated had me guessing and I asked the doctor for a little more detail. He reasoned it out something like this: Superficially everything is fine south of the line. There are more people than ever in the good old U. S. A. In fact it is hard to keep them out. But the country is approaching the turning point. Easy divorce and the spread of the idea and the actuality of free love, instead of marriage with children, will soon register its effects. Pure Americans are almost extinct now. The population has been built up on European migrations and will continue to depend on these swarms. There is always a dwindling as well as an expanding movement to consider. The first immigrant to the United States, being almost invariably penurious, breeds a large family. He works, skimps, and saves, and in time is able to give his children a better start in the new world. In fact they are more like the "ordinary" citizens. And being better off they marry later and in any case have fewer children, and by the fourth generation the family has dwindled to the vanishing point and there is need of new hordes from the old lands.

"Those who are worrying over the approach of the time when half the people of the earth will be edged off for lack of room can cease their fretting," said the doctor. "France and the United States are pointing the way to depopulation, and even England is showing signs of a tendency the same way, if not in the same degree."

BOOK REVIEWS

SIMPLIFYING MOTHERHOOD. Being a Handbook on the Care of the Baby During the First Year. By Frank Howard Richardson, M.D. Containing a Chapter on Breast Feeding by Isaac A. Abt, M.D. New York: G. P. Putnam's Sons, 1925. 263 p. \$1.75.

Dr. Richardson, by the use of a slogan, "Every mother can nurse her baby," has probably been the means of saving more babies from feeding accidents, fatal and near fatal, than he is aware, and he is adding additional laurels to his credit in the text which is just from the press. No modern physician will allow, if he can prevent it, a nursing mother to forego breast feeding too soon, nor will he give up the struggle to secure breast milk for the new-born child without exhausting every known method.

Dr. Richardson has been for a number of years a strong advocate of mothers' milk for young babies, wherever possible, and he has stressed by word of mouth to physicians, nurses, mothers, and other groups, both lay and professional, the necessity for and the importance of natural feeding methods. As the author states, he has made nutrition "the control theme of the whole question of child care" and he correlates everything else with this.

The volume contains 263 pages, is admirably arranged, and well illustrated. The chapter containing the bibliography should prove most helpful. The book is a valuable addition to the literature of motherhood.

W. M. B.

FROM INFANCY TO CHILDHOOD. The Child from Two to Six Years. By Richard M. Smith, M.D. Boston: Little, Brown and Company, 1925. 105 p. \$1.25.

This book is by the children's specialist who is known as the author of *The Baby's First Two Years*. The early chapters are filled with advice regarding the physical care of little children. The reviewer wonders how familiar Dr. Smith is with modern housing problems. He recommends that the nursery be in a quiet part of the house accessible to the back stairs. He further suggests that there be two nurseries, a day one and a night one. Advice which is so idealistic is not helpful, for its point is lost in the impracticability of its specific recommendation. Children should be kept out of doors most of the day. At night it is important to arrange, if possible, for the

child to sleep in a room alone, the nurse or mother having separate quarters. These points seem neglected.

The reviewer wishes that the author had omitted the chapter on *Training and Education* and left that field to educators qualified to discuss it. He says, "the kindergarten and the nursery school are substitutes for what a child ought to be able to receive in his own home, but because most young women do not go to a school to prepare for parenthood, the substitutes are the better equipped." He is evidently entirely unaware of the opinions of modern educators, one of whom recently said, "A nursery school is an educational institution, quite as definitely as is, for instance, the college." Dr. Arnold Gesell writes of the nursery school movement, "It may be regarded as a self-protective social measure, a phase of a public health movement which recognizes the fundamental developmental importance of the preschool period of childhood." Dr. Helen T. Woolley writes, "It is time the educational world took cognizance of the educational importance of the very early years."

EDITH MULHALL ACHILLES

COLUMBIA UNIVERSITY

WOMEN POLICE. By Chloe Owings. Bureau of Social Hygiene Publications. New York: Frederick H. Hitchcock, 1925. 336 p. \$2.50.

The policewoman and her field have received but insufficient consideration to date and even this has been handicapped by misunderstanding—a misunderstanding which some of the previous literature and motion picture portrayals have accentuated. In some minds the policewoman has been glimpsed merely as a counterpart of the policeman, her male associate on the force, an attitude well illustrated by the remark of a successful business man whose support was sought: "Well I should say *not!* I wouldn't want *my* wife or sister 'pounding the pavement' or fighting with thugs, and I don't think we ought to expect these things of *any* woman." Another type of misunderstanding is that which tends to the sentimental and which pictures the policewoman as a maudlin enthusiast whose mission in life is to pluck fallen blossoms from the gutter without knowing just why she does it, or what the after effect is on the flower.

Prior to the publication of this volume on *Women Police*, no authoritative work has appeared to throw real light on the problem.

The Bureau of Social Hygiene has performed a genuine public service in making available authentic material concerning the history of the movement and presenting, in an impartial way, a picture of the work of women police in the more important cities where they are now employed. The book is assured of a notable place in the series of social hygiene source books issued by the Bureau.

The author, Chloe Owings, is eminently fitted for her task, and the preface by Lieutenant Mina C. Van Winkle together with the introduction by Dr. Katharine Bement Davis serve admirably as backgrounds for the assembled data. The comprehensive bibliography and indices are features which make for the further efficiency and interest of the book.

We recommend this publication to all students and workers in fields of sociological endeavor, and to the many members of women's clubs and other civic organizations who have been seeking authentic guidance for their thought and actions on this subject. It will, of course, be especially valuable to all police authorities and police—
R. H. E.

AN APPROACH TO SOCIAL MEDICINE. By Francis Lee Dunham, M.D.
Baltimore: The Williams and Wilkins Company, 1925. 242 p.
\$4.00.

As the title implies, this book gives that preliminary, philosophic, general view so valuable to one approaching a new field. It deals with a complex subject, human conduct, in concise statements, with a minimum of supporting data from the sciences making up social medicine. The author has succeeded in producing a stimulating textbook which should guide the serious student to the satisfactory classification and understanding of the basic facts which he will meet in an analysis of actual cases.

The term social medicine is used to designate the "fundamental approach to the analytical data of conduct" and in another place it is spoken of as "a specialization in human relations." Its aim is "to improve human relations through better organization or control."

The treatment of this subject is from a viewpoint essentially biological. "What the individual does must be measured by what he is, the relativity of personality and surroundings tempering our estimate of conduct." Endocrine glands, nutrition, and heredity are among the factors which play a dominant rôle in determining what a

person is, in the estimation of the author. He is inclined to take the hopeful view that many deficiencies commonly attributed exclusively to an unfortunate heredity are really due to faulty nutrition or imperfect development and are, therefore, amenable to improvement through measures other than selective mating. "Modern biological methods applied to man's genetic problems have clearly shown that superior nurture, carefully trained mental development, and selected mating may bring out man's hereditary potentialities and augment social values in families now showing inferior capacity."

The author considers that the venereal disease question "fundamentally is one of personal hygiene in its relation to infectious phenomena, to be presented in the school curriculum to each individual during early adolescence, as a topic in the course on general infection and immunity." He feels that the instruction of adults in the pathology of venereal disorders is of value in bringing about early and systematic treatment.

The chapter on "Scheme of Approach" and the record forms and specimen record of the appendix will be found useful by prospective case-workers.

W. A. SAWYER, M.D.

INTERNATIONAL HEALTH BOARD
THE ROCKEFELLER FOUNDATION

BRIEFER COMMENT

SEX AND CHARACTER EDUCATION: A COURSE FOR PARENTS. By E. F. VanBuskirk, 1925. A series of five pamphlets by the Executive Secretary of the Cincinnati Social Hygiene Society.

A clear statement of the reasons why parents should assume responsibility for character and sex education of their children. Sex education is most effective when it comes incidentally as a part of one's general knowledge in relation to such subjects as nature study, biology, physiology, hygiene, psychology, sociology, and ethics. The subject of reproduction and manner of explanation is carefully considered. The changes which come with adolescence receive attention as does the need of sex instruction in order for the adult to take his place in the community as a good citizen.

- Chapter I. Introduction: Parental responsibilities.
- Chapter II. Character development.
- Chapter III. Sex instruction in childhood.
- Chapter IV. Sex instruction in early adolescence.
- Chapter V. Sex instruction in later adolescence.

VENEREAL DISEASE INCIDENCE AT DIFFERENT AGES IN CERTAIN SOUTHERN STATES.

By Thomas J. Le Blanc. Washington, D. C.: Government Printing Office, 1925. Venereal disease bulletin 78. 28 p. \$.05.

A tabulation and analysis of venereal disease case reports from Arkansas, Georgia, Louisiana, and Mississippi, covering a period of three years.

Twenty-one thousand case reports were made available in this study. These have been classified according to color, sex, age, and marital condition under venereal disease, syphilis, gonorrhea, and chancroid.

INDIVIDUAL GYMNASTICS. A handbook of corrective and remedial gymnastics.

Lillian Curtis Drew. Philadelphia: Lea and Febiger, 1926. 3d ed. 276 p. \$2.25.

The part played by properly applied corrective and developmental gymnastic work is an important one in the hygiene of modern life. Miss Drew has revised her "Individual Gymnastics" and added new material on the subject of overweight and underweight and a new short chapter on exercise in abnormal heart and thyroid conditions.

The book contains a number of additional illustrations.

STUDIES ON THE KAHN PRECIPITATION TEST. By C. C. Young and R. L. Kahn and others. Michigan Department of Health, Reprint Series. Lansing, Michigan: Michigan Department of Health, December, 1925. 120 p.

A collection of twenty-two reprints which represent a continuation of the studies on the Kahn test carried out in the Bureau of Laboratories from 1923 to 1925. The first eleven represent early work and do not refer to the standardized test now employed.

PUBLICATIONS RECEIVED

Under this head the JOURNAL OF SOCIAL HYGIENE lists publications received and not reviewed. Those which fall sufficiently within its field and are of sufficient importance to its readers to warrant comment will be reviewed in later issues.

CALLINICUS. A Defense of Chemical Warfare. By J. B. S. Haldane. New York: E. P. Dutton and Company, 1925. 84 p.

CITY, THE. Human Behavior in the Urban Environment. By Robert E. Park, Ernest W. Burgess, and Roderick D. McKenzie. Chicago, Illinois: The University of Chicago Press, 1925. 239 p.

EARS AND THE MAN. Studies in Social Work for the Deafened. By Annetta W. Peck, Estelle E. Samuelson, and Ann Lehman. Philadelphia: F. A. Davis Company, 1926. 217 p.

ENGLISH PRISON SYSTEM, THE. By Sir Evelyn Ruggles-Brise. London: Macmillan and Company, Limited, 1921. 275 p.

EUGENICAL STERILIZATION: 1926. Historical, Legal, and Statistical Review of Eugenical Sterilization in the United States. By Harry H. Laughlin. New Haven, Connecticut: The American Eugenics Society, 1926. 75 p.

- EVOLUTION, GENETICS AND EUGENICS. By Horatio Hackett Newman. Chicago: The University of Chicago Press, 1925. 639 p.
- FRESH AIR AND VENTILATION. By C.-E. A. Winslow. New York: E. P. Dutton and Company, 1926. 182 p.
- HYPATIA OR WOMAN AND KNOWLEDGE. By the Hon. Mrs. Bertrand Russell. New York: E. P. Dutton and Company, 1925. 81 p.
- INTELLIGENCE AND IMMIGRATION. By Clifford Kirkpatrick. Baltimore: The Williams and Wilkins Company, 1926. 127 p.
- LYSISTRATA OR WOMAN'S FUTURE AND FUTURE WOMAN. By Anthony M. Ludovici. New York: E. P. Dutton and Company, 1925. 110 p.
- MONGOL IN OUR MIDST, THE. A Study of Man and His Three Faces. By F. G. Crookshank. New York: E. P. Dutton and Company, 1925. 124 p.
- NARCISSUS. An Anatomy of Clothes. By Gerald Heard. New York: E. P. Dutton and Company, 1924. 150 p.
- PARIS OR THE FUTURE OF WAR. By Captain B. H. Liddell Hart. New York: E. P. Dutton and Company, 1925. 86 p.
- PASSING OF THE PHANTOMS, THE. A Study of Evolutionary Psychology and Morals. By C. J. Patten. New York: E. P. Dutton and Company, 1925. 103 p.
- PERSEUS OR OF DRAGONS. By H. F. Scott Stokes. New York: E. P. Dutton and Company, 1925. 74 p.
- PRISON REFORM AT HOME AND ABROAD. A Short History of the International Movement Since the London Congress, 1872. By Sir Evelyn Ruggles-Brise. London: Macmillan and Company, Limited, 1924. 200 p.
- PROTEUS OR THE FUTURE OF INTELLIGENCE. By Vernon Lee. New York: E. P. Dutton and Company, 1925. 63 p.
- PYGMALION OR THE DOCTOR OF THE FUTURE. By R. M. Wilson. New York: E. P. Dutton and Company, 1926. 67 p.
- TANTALUS OR THE FUTURE OF MAN. By F. C. S. Schiller. New York: E. P. Dutton and Company, 1924. 66 p.
- THRASYMACHUS OR THE FUTURE OF MORALS. By C. E. M. Joad. New York: E. P. Dutton and Company, 1926. 88 p.
- WIRELESS POSSIBILITIES. By A. M. Low. New York: E. P. Dutton and Company, 1925. 77 p.

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“SOME INF’MATION FOR MOTHER”*

HOW ONE MAN ANSWERED THE QUESTIONS OF A CHILD
ABOUT REPRODUCTION

JOHN PALMER GAVIT

It was evident to the Iconoclast as he came up from the lake with his big string of fish and seated himself upon the steps of the veranda, that he had interrupted a conversation out of the ordinary. Nobody noticed his highly satisfactory catch. The Kindergartner rose as if about to leave, but sat down again. There was a space of somewhat embarrassed silence. Then the Professor, in his most impressive tone, resumed:

“Ignorance undoubtedly is the main, though by no means the only, root of the trouble. Every child should be taught at least the rudiments of the truth about himself or herself; yet in a way so gentle, so gradual, and so tactful that there may be no shock; no rude violation of its natural reserve and delicacy.”

* The editor of a great metropolitan daily, who believed in sex education, was challenged by the questions of a little girl. This article, published originally in *The Survey*, March 7, 1914, is a record of his answers on that occasion. This contribution has stood the test of time, and the Editorial Board of the JOURNAL OF SOCIAL HYGIENE appreciates the opportunity of printing it in this number. Thanks are due Mr. Gavit for making it possible to issue this as a pamphlet of the Association.

"For my part," said the Neighbor, flushed with the consciousness of trespassing upon ground usually forbidden, "I am quite willing to give my little boy this information, but I do not know when, or in what language. I know nothing of medicine." Of course, she meant physiology.

"Oh, but you know about the flowers!" broke in the Kindergarten, in that tone that kindergartners use. "The beautiful story of the fertilization of the blossoms! The bees—"

"No, I don't. And besides, the fertilization, as you call it, that I want to tell him about isn't done by bees."

"I never could understand," interposed the Iconoclast, "why there should be all this intense and even hysterical 'delicacy' about the teaching of sex truth to children. You tell your boys and girls about their teeth and ears and eyes; you make no secret of their digestion, or of the operation of heart and lungs. You even teach these things to them together in school. But—ye gods and little fishes!—the minute you come to these most important functions of all, you stick your heads in the sand like ostriches, and act as if it were something to be ashamed of. If I had my way—"

"Surely," gasped the Neighbor, "you would not teach such things in public!"

"Well, I don't know. As far as I am concerned, I would teach about sex just as I would teach about chemistry, or spelling. But I understand well enough that I am a barbarian. So I take it from your own point of view, and say that I don't care when or how you teach your little boy or your little girl about this thing, if you only tell it frankly—the plain, ordinary truth, in a plain, ordinary and perfectly shameless way."

"Yes, but the when and the how are everything," protested the Neighbor.

"When the child is old enough to ask, he's old enough to have an honest answer."

"You must conserve the innate delicacy of the child," insisted the Professor.

"I told my little girl," said the Professor's wife, who thus far had been silent, "that this subject must be a secret, a beautiful secret, between us, and that she must never speak of it to any one but me."

"And you told her—"

"All that I thought good for her. I told her in an allegorical way, about the flowers, and the pollen, and the bees, and how the seeds formed."

"Beautiful!" softly exclaimed the Kindergartner.

"How did she take it?" the Neighbor asked.

"She seemed interested, and asked if babies came from bees."

"To which you replied—"

"I promised to tell her more when she was older."

"And meanwhile she is to keep the story of the flowers and the bees and the pollen as a 'beautiful secret' between herself and you?" The Iconoclast's voice trembled with some suppressed emotion.

"Yes, I prefer that she should not talk about these matters with anybody but her mother."

The Iconoclast rose with a sigh, saying:

"Well, I've got to clean these fish or you won't have anything for dinner."

At the back of the house was the big stump of a tree, with a wide board across the top, upon which it was the custom to clean the fish of which the lake furnished an inexhaustible supply. He laid upon it one of the largest, felt the edge of his knife with his thumb, and leaned over to the task.

"What are you doing?" The Professor's little girl ran across the sand to see.

"Cleaning these fish for your dinner, Princess."

"May I watch?"

"Certainly, if you'll keep your fingers out of the way of this sharp knife."

The fish lay open and flat, and the knife-point was lifting a great mass of yellow-pink roe.

"What's that?"

"That is called roe; it's made up of thousands of eggs."

"Eggs! How funny! Do fish lay eggs?"

"Oh, yes, indeed. All animals—" the Iconoclast checked himself.

"Where do they lay 'em?"

"In different places, and different ways. Some fish even make nests; I've seen them. But most fish, I think, go up into the shallow water of streams, and lay their eggs on the pebbles of the bottom."

"Do they sit on them, like a hen? How can they—such a lot of them?"

"No, the eggs just lie there in the water until they hatch. The mother-fish doesn't need to keep them warm, as birds do. She just goes on about whatever business she has."

"And never cares what happens to her eggs?"

"I don't think she worries much about them."

Another fish was slit open and laid upon the board.

"Oh, what's that—that white thing? That isn't eggs, like the other, is it? It's about the same shape and size."

The Iconoclast stood up and reasoned with himself. How far was he at liberty to go in answering these simple questions? Was it his business to abash this eager curiosity?

"No," he said at last, "that is not eggs. That is what is called milt."

"What's it for?"

"Well, you see, this is a father-fish. The eggs have to have this milt put on them, or they won't hatch. So after the mother-fish lays the eggs on the pebbles at the bottom of the stream, the father-fish comes along, and spreads this milt through the water over the eggs."

"How does he know where to find them?"

"I don't know. That is one of the secrets that the fish keep to themselves. Anyway, the father-fish seems to know where to look for them."

“S’posin’ he didn’t want to lay the milt on the eggs, or put it somewhere else. Then there wouldn’t be any little fish hatched out, would there?”

“No, there wouldn’t. The eggs would just lie there and die. But the father-fish somehow seems to like to do it.”

“I s’pose he thinks of the cunning little fish that will hatch out if he does his part. And then he goes away with the mother-fish and they decide what to name their children.”

“Very likely,” laughed the Iconoclast.

The little girl was silent for a time, watching the deft knife at its dissection; speaking only to identify the father-fish and mother-fish as they came in turn, and laying them side by side in couples.

“I s’pose there are father-birds and mother-birds?”

“Oh, yes.”

“Do the father-birds have milt too?”

The Iconoclast straightened up and rubbed the hinge in his back. Cleaning fish is weary work, when you have to stoop so far. He looked away at the wooded hills across the lake.

“I asked you a question. It isn’t polite not to answer. Do father-birds have milt?”

He looked down into the big, clear eyes of the eager little face under the blowing curls.

“Yes, father-birds have milt.”

“And after the mother-bird lays her eggs in the nest, she goes away and lets the father-bird come in to put the milt on them. Of course, if he didn’t, the eggs wouldn’t hatch.” She said this with an air of conviction.

Then the Iconoclast decided something once for all; stooped over the fish-cleaning again, and said:

“It isn’t quite like that with birds. The father-bird puts the milt on the egg before the mother-bird lays it.”

“But I don’t see—oh, do you mean while it is in the mother-bird’s body?”

“Just so.”

She was thoughtful for a moment. From the corner of his

eye he could see that her brow was knit. Here was a mechanical problem. He wondered how he would put it.

"Well, that explains something!" she cried at last. "I do believe I've seen them doing it. Do you know, I never dreamed of it. I thought they were always fighting."

"They were not fighting."

The little girl was thinking again. Presently she asked:

"Did you ever see a cat's egg?"

"No, I can't say I ever did."

"I've always wondered about that. I asked my mother and she said cats were very secret about their eggs."

"Oh, she said that, did she?"

"Yes, and she said I mustn't ask her any more about it. You don't mind my asking you, do you? I'm really very much int'rested."

"Not at all. I'm glad to tell you anything I know."

"Well, then, tell me this: Where do cats lay their eggs? I'd like awfully to see a cat's egg."

"You're not likely to see one. In the first place, it would be very tiny—too small to see without a microscope, and—"

"But a kitten isn't so very tiny, and I've seen them lots of times, just brand-new, fresh-hatched."

"Ah, but you didn't see the kitten fresh-hatched. The cat's egg never leaves the mother-cat's body at all. The nest where the kitten hatches out is inside of the mother-cat."

The child's eyes were wide with wonder. "Then the teeny-weeny little new-hatched kitten just stays there in the mother till it's big enough to be let out?"

"Exactly."

"Isn't that lovely?"

The Iconoclast is regarded as a hardened person; but he had not found voice when she added:

"I see now why the mother-cat is so fond of her kitten—she's been in it's nest so long!"

"I expect that's one of the reasons."

"Of course, the mother-fish wouldn't care so much; there

are so many of hers, and she just leaves them any old way and swims off. Maybe she forgets where she put 'em. The mother-bird cares more, I s'pose, because she's been sitting on the eggs. But there are two, three, four, five kittens sometimes. Our cat had six, once. Are they all in there at once in the nice, warm, cosy mother-nest?"

"Yes, all in there together."

"How can she tell when they're big enough to be let out?"

"That's a thing nobody seems to know—except the mother-cat. She knows when the right time comes."

"I guess they must get pretty heavy. They do let them out too soon, sometimes; the ones I've seen didn't have their eyes open yet. I should think she would keep them till they could see and walk around."

"They never have their eyes open when they are born."

"So that's what we call being born! It's just being let out of the mother-nest?"

"That is exactly what it is."

"And is it just the same with dogs, and little calves, and horses, and elephants, and—"

"Just the same."

Silence again. Then:

"But there is one thing I don't exactly understand. After little birds hatch, the mother-bird brings them worms and things. How do the little kittens and elephants be fed in the mother-nest before they are born?"

"While they are in there they are fed from the mother's own body."

"No wonder she loves them!" cried the little girl. "Of course, she knows they're in there?"

"Oh, yes, she—"

"Why, yes, she must. She'd remember when the eggs were fixed so they'd hatch. Of course; that was a foolish question. And they feed from their mother after they are born, too; I've seen them—all the cunning little kittens, nursing in a row."

"Yes, that is one of the differences in animals. The little fishes have to hustle for themselves right away after they are hatched. And the little birds do not nurse; the mother-bird, and the father-bird, too, usually, bring them food in their bills, and they stay in the nest until they get their feathers and their wings are strong enough to fly.

"But all the warm-blooded animals bring forth their little ones like the cat, and nurse them until they are able to be weaned, as it is called; that is, to eat something besides the mother's milk."

"Weaned? Why, they wean babies—I heard my mother say so. Is that what it means?"

"That is what it means."

"But I thought babies got their milk from bottles! I know I certainly did."

"Sometimes that is necessary; but most human mothers nurse their babies, when they are able to, just as cats do."

"And do babies come from eggs, and hatch out in the mother-nest, like the warm-blooded animals?"

"They do. Men and women and children are warm-blooded animals. The baby stays in the mother-nest until the time comes for it to be born, just as the kitten does."

"Isn't that beautiful? Now, why didn't my mother tell me that when I asked her? She said it was a terrible secret, and that I mustn't talk about it to anybody else but her, and then she told me about flowers and pollen and bees, and I got all mixed up. I couldn't see what bees had to do with babies—except to sting 'em."

"They have nothing to do with babies, as you say," the Iconoclast said, "but a great deal to do with flowers. If you will just remember that the pollen that the bees carry from one blossom to another is for exactly the same purpose as the milt of the father-fish, you will understand better."

"Do you mean that the flower-seeds wouldn't grow without the pollen that the bee brings?"

"That is it, Princess."

The little girl's brow was knit again, and there was real trouble in her voice as she said:

"It seems funny to me that my mother didn't know how babies come. She certainly had me!"

Suddenly she started away toward the house, saying:

"I thank you very much. You'll have to 'xcuse me, now; I've simply *got* to give my mother some inf'mation!"

SOCIAL HYGIENE *

A PROGRAM FOR COMMUNITY HEALTH

C.-E. A. WINSLOW

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I have often speculated as to the cause of the strange phenomenon you must all have noticed, that when a lecture is given on any subject the people who do not know about that subject stay at home, and all who know about it already come and listen to the lecture. I think the reason is that if you know a great deal about a subject and come to hear a speaker who doesn't know much, it gives you a pleasant sense of satisfaction to realize your superiority.

To-night is evidently a case in point. I see half a dozen men I know and no doubt there are others here I do not know who are more competent to speak on this subject than I am. I am not a specialist in social hygiene. I am a teacher of public health in a medical school, and I speak to you only as I see this venereal disease problem as a part of the general health program.

In our modern public health campaign we are trying above all things to think in quantitative terms, not to consider, as the individual physician must, merely whether such and such a thing is dangerous, but how dangerous it is; how many lives can be saved by the expenditure of ten dollars or a

* Read before the St. Louis Medical Society, October 20, 1925.

hundred dollars. It is very clear that the problem of the control of venereal disease (which we in this country have to conceal under the elaborate term of social hygiene) is one of the most important in the whole field of public health. Just how important it is, we did not know before the war. We had only rather wild guesses to base our opinion on, before the draft examination gave us a reliable cross section through the population. You remember that examination showed that of the young men who submitted to draft examination about one per cent showed evidence of syphilis and four per cent showed evidence of gonorrhea in active condition at the time they were examined. Of course that was not a result of military life; on the contrary the rate among men who had seen no previous military service was higher than that among those who had served in the National Guard; and the rate among men who had served in the National Guard was higher than that among those who were already in the regular army. These tests merely revealed the amount of disease that existed at a given moment in the young male population.

In the case of syphilis we have another type of indicator, that derived from the Wassermann reaction. Whereas a given population shows one per cent infection with syphilis as revealed by medical examination at a given moment, the Wassermann shows that about five to 10 per cent of males have been infected at some time or other. I am inclined to agree with the statement made many years ago by Sir William Osler that as a cause of death syphilis should be placed "at the top, an easy first among the infectious diseases."

Does the same ratio between active and latent infection hold for gonorrhea? I see no reason to doubt it. Latent infection with gonorrhea is much more likely to be overlooked in a medical examination than is the case with syphilis. If this same percentage holds, it means that 20 per cent to 40 per cent of the male population have at one time or another been affected with one of the principal venereal diseases.

So we have here one of the major problems of public health.

What have we done about it? Up to 1915 we had done almost nothing in the way of organized prevention. We had assimilated the Flexner report which crystallized public opinion against the practice of the Latin countries of Europe, of regulating prostitution. Nevertheless, there were in 1915 over 200 tolerated red light districts in this country. We had fewer than 50 venereal disease clinics in 1915 where public treatment of venereal disease was furnished; and we had done almost nothing in the realm of education in regard to a sound attitude as to the problems of sex hygiene.

The progress that has been made since that time is phenomenal. I think it marks probably the most notable progress made during this period in any field of public health. We have done much for infant welfare in the last ten years. We have done something for tuberculosis, and we had done something before; but here was a field almost untouched ten years ago. We owe this progress mainly to the war, and to the fact that when the war broke out there was in New York City a man, Dr. William F. Snow, who, with a group of colleagues, formed the American Social Hygiene Association. As soon as it seemed probable that America would enter the war, Dr. Snow was in Washington presenting this situation to the government authorities. It is an extraordinary example of the value of such a voluntary organization. Here was a society which before that date had made a study of the field, and had done some work in crystallizing public opinion, but in a moment its great chance opened up; an opportunity to bring about an entirely new attitude on the part of the government toward venereal disease. Military and naval authorities up to 1914 believed that venereal disease was a necessary concomitant of military life. When it was rumored in Europe that the American army and navy were seriously attempting to diminish the opportunities for venereal infection, there was scarcely concealed scorn even among medical leaders there. Yet that is just what Dr. Snow and his associates persuaded Secretary Daniels and Secretary Baker to do; and for the first

time in the history of the world the heads of a great military and naval organization definitely accepted the single standard of sex morality and came out in favor of clean living for the soldiers and sailors of the nation.

On the basis of that entirely novel attitude taken by the authorities of our army and navy, a three-fold program was built up for the control of venereal disease. Surgeon-General William C. Gorgas said, and he was right, that if somebody would come to him and give him the choice of a sure cure for wounds in battle and a sure preventive of venereal disease, he would choose the latter because it would be a more important means of maintaining an efficient military establishment. The problem involved:

(1) A medical phase, with provision for treatment and provision for prophylactic clinics with the regulation that the men who exposed themselves to venereal disease must present themselves at these prophylactic clinics for treatment. If they afterward developed venereal disease they were not penalized; but if they failed to present themselves at the prophylactic clinic after exposure and then developed venereal disease, they were severely punished.

(2) A vice repressive phase. Never, as far as we know, by any of the higher military or naval authorities was this medical prophylactic treatment presented as a substitute for continence. Every effort was made to promote continence, and the prophylactic clinic was provided only for those who failed in the one sure mode of defense. The authorities set themselves squarely behind the idea of promoting continence. They broke up red light districts here and abroad; and with these negative measures they developed positive opportunities for wholesome physical and mental development.

(3) An educational phase, with the idea of bringing to each man the thought that he owed it, as a duty, to his future wife and to his country to keep himself clear of physical and moral debasement.

After the war the campaign against venereal disease in civil

life received a tremendous impetus from this military program. Some phases of it were, of course, not applicable to civilian life. The prophylactic clinic did not lend itself to official use under the conditions of civil life because without military discipline the extensive promotion of such clinics would lead only to a false sense of security. In any case their development was an impossible policy from a psychological standpoint. We have, therefore, substituted for the prophylactic clinic renewed emphasis on the treatment clinic, and the first step obviously indicated was the development of a substantial number of clinics of the latter type.

That was accomplished by means of the Chamberlain-Kahn act which provided grants to states on a fifty-fifty basis for the creation of departments of venereal disease control in state departments of health and for the maintenance of venereal disease clinics. It is the fashion in the part of the country from which I come to criticize measures of this kind very severely. Personally, I think it very curious that the attitude of North and South toward our Federal government in recent years should have been so clearly reversed. Massachusetts has taken the attitude once held by South Carolina. As you know, perhaps, several states have with a noble gesture spurned their share of the Federal allotment under the Sheppard-Towner bill, unwilling to soil their hands with Federal money; and have then appropriated money themselves to carry out its beneficent purposes. For my own part, I have a certain feeling that the government at Washington is something that belongs to me, quite as much as my state government. It is not an alien or hostile force to be opposed.

These two laws, the Sheppard-Towner maternity act, and the Chamberlain-Kahn act, have accomplished really marvelous results. We can judge the Chamberlain-Kahn act in retrospect because the appropriations under this act have ceased after the designated period of three years. The result of this Federal stimulus is that every single state department of health in this country now has a bureau of venereal disease

control. Clinics for venereal disease have grown from 50 to 850. A great volume of invaluable research has been carried out through some of the grants made under this act to different institutions. Those are things that have been accomplished directly under the Chamberlain-Kahn act and which could have been accomplished in no other way.

The civil program which we have thus developed like the military program which preceded it has three aspects, medical, social, and educational. On the medical side, the first essential is diagnostic laboratory service, well advertised and generally utilized. We now have such services in practically all communities. The time has come, indeed, when we have occasionally to sound a warning to the physician; not to take the laboratory tests too seriously. In diphtheria, if there is evidence of clinical diphtheria the physician ought to treat it as such without waiting for a culture. So the Wassermann test has its distinct limitations. There may be syphilis with a negative Wassermann, and there may be no active and communicable syphilis with a positive Wassermann. The clinical judgment of the physician, of course, is the ultimate basis of decision.

The second element in the medical program is reporting. In various countries there are various ways of dealing with venereal disease. The English have no reporting, no compulsory treatment. They simply provide clinics and advertise them extensively. Then there is the Scandinavian way. These peoples require reports of venereal disease, and they get them. They have stringent laws against quacks, and they have no quacks. They actually do require cases to continue treatment. We have a cross between the two methods in this country. We are living under laws essentially like the Scandinavian laws, but we don't enforce them; we are actually following the English procedure. An effort is being made in the direction of having cases of venereal disease reported, and it is making gradual progress. Recent figures have indicated that some 22 per cent of physicians in the United States make

reports of venereal cases. In Missouri the proportion is only 11 per cent, and I suspect Missouri has actually no lower proportion of venereal disease than other states.

There is a real value in these case reports when analyzed in aiding us to gain some idea of the prevalence of venereal disease. In a certain proportion of cases it is possible to follow up these laws in a definite epidemiological way. In New Jersey the State Board of Health asks physicians when possible to name the source of infection; and they were able in a recent year to obtain reports of 72 such sources of infection and to get 32 of the 72 under treatment.

Next comes the problem of treatment which is the great thing, not only for curing but for preventing further infection. We have made great progress in the willingness of the practitioner to treat venereal disease. We are making some real progress in the elimination of the quack. Perhaps a man from Connecticut addressing an audience in Missouri can speak with special feeling about this part of the subject. This is one of the fields in which the health department can be of most service to the physician, because the health officer can warn against the charlatan without any charge of self interest, and can take a leading part in defending the public against unqualified practitioners. We have made progress, too, in providing hospital treatment for venereal diseases. In the past it has often been difficult to secure the admission of such cases to a hospital. As I have said before, we have increased the number of venereal disease clinics from 50 to 850. I think some definite and practical results have already been attained by the application of medical measures. In the case of syphilis, reports come from all over the country that since this aggressive campaign against venereal disease has been under way the proportion of new to old infections coming to clinics has markedly decreased.

This medical program against venereal disease is our first line of defense. Behind that is the second line of defense, the social hygiene program which tends toward the limitation of

opportunities for infection. This part of the campaign belongs to the police department rather than to the health department for its execution. Nevertheless, it is essentially a part of the whole program. In their underlying principle, such laws as those prohibiting the transportation of women for immoral purposes, abolishing houses of prostitution and places of assignation, providing for licensing of dance halls, and so on are not attempts to make people chaste by legislation. They are not attempts to control personal liberties. They are attempts to control organized commercial vice. I am not arguing against the prohibition amendment, but I want to point out that there is a very fundamental difference between the prohibition amendment and legislation of this type. The Volstead Law deals with individuals and their habits, not with the liquor traffic only. Social hygiene laws are similar in principle to a law against the saloon, but not similar to a law controlling the general use of liquor. Such social hygiene legislation has demonstrated its results in a striking fashion. In the Canal Zone an organized campaign of this kind for the elimination of houses of prostitution reduced the sick rate from gonorrhea in the army from 128 to six. In San Francisco exactly the same thing happened; with a reduction in sick rate from 168 to seven, and with prophylactic treatments reduced from 826 to 151. An interesting thing about these San Francisco figures, if you study them in detail, is that over successive periods of four months, the rate alternately rose and fell, all the time in general going down, but with little peaks upon the curve. Those peaks corresponded with the presence on the bench of a particular judge unwilling to enforce the law with firmness.

We must not forget, however, as I have said in connection with the army program, that with these repressive regulations must go a positive side. There is very little use in suppressing the red light district if you don't provide as a substitute parks and gymnasiums and organized recreation. We must plan as a community proper outlets for physical and nervous energy

at the same time that we are controlling the sources of organized vice.

And finally, there is the educational program which underlies both the medical and the social campaigns against venereal disease. The medical phase belongs to the physician, the social phase to the police, and the educational phase to the teacher; but after all the physician is himself the most important teacher in the community in this particular field. We must provide clinics for treatment and at the same time insist on sound education in sex hygiene. By sex hygiene I do not mean merely instruction in the horrors of venereal disease and the dangers of quack treatment. That is a very elementary form of sex education. I mean something very much deeper and more fundamental. I mean something which is going to change the attitude of mind of the future generation towards matters of sex, making it saner, wiser, and cleaner. I think there is little or no place in the general educational scheme for courses or lectures on sex hygiene as such, but all instruction in biology, history, ethics, and literature that is provided, whatever may be the age of the child, should involve the proper treatment of sex where the subject normally comes in. As Professor Maurice A. Bigelow has said: "This bringing of sex out of the shadows of secrecy and degradation is probably the greatest and most helpful accomplishment of the social hygiene movement up to date." There is no time here to go into detail as to what this means for each specific period of the child's education. But sex problems should be allowed to come in without shame, without secrecy, without innuendo, simply as one of the greatest facts of physiology and of human life. Let me quote again from Professor Bigelow:

"It is generally agreed there are great tasks or aims for sex education that attempt to make the best possible social adjustment of the sex potentialities of human life. These are as follows: (1) Developing an open-minded, serious, scientific, and respectful attitude towards any problems of human life

which relate to sex. (2) Giving that knowledge of personal sex hygiene which makes for the healthful and efficient life of the individual. (3) Developing personal responsibility regarding the social, ethical, psychical, and eugenic aspects of sex as affecting the individual life in its relation to other individuals of the present and future generations, in short, the problems of sexual instinct and actions in relation to society. (4) Teaching very briefly to young people, during later adolescence only, the essential hygienic, social, and eugenic facts regarding the destructive venereal diseases."

The latter part of this educational program should be accomplished not in the classroom but by the personal contacts of the gymnasium instructor, of the physician, of the parent if the parent is qualified. But you do not get very far by merely saying, "Let the parent do it." The parent often does not know any more than the child does how to maintain a clean and frank and wholesome attitude toward sex; sometimes not as much. The school teacher has therefore a wonderful opportunity for service here; and the physician has the greatest opportunity of all.

We have accomplished much along these three lines, medical, social, and educational. I do not know any other field of public health in which so much has been accomplished in the last ten years. I believe with all honesty and sincerity that if we could set in one balance the cost to the United States in blood and money of the great war, and in another what has been gained in life and happiness from the control of venereal diseases, the second balance would outweigh the first. In this one field alone we have gained more than the war cost us.

One word in closing, a word of warning. It is no time to drop this great campaign. We are prone as a people to become enthusiastic about tuberculosis, social hygiene, or whatever the interest of the day may be, to get ourselves converted to the principles and then to think the thing is done. But passing a law or forming an association does not necessarily end the job. We have accomplished much in the control

of tuberculosis, but we haven't half finished that task. Only 25 per cent of patients discharged from tuberculosis sanatoria are well and earning their living five years afterward. We haven't followed through, and there is danger we may not follow through on this social hygiene program. We have made a beginning, but we must not drop it now. The next ten years are going to be crucial ones. The fight has just begun and the success of putting this program over and carrying it forward depends chiefly on you, the physicians of the community. The medical phase is obviously your responsibility. The social phase depends very largely on you because when measures of this kind are proposed or law enforcement is under discussion, the opinion of the medical fraternity has oftentimes controlling weight. On the educational side, too, while much rests with the schools, a large part of the chance of ultimate success depends on the physician's attitude. In dealing with your patients you will constantly have the chance to help or to hinder in developing an attitude toward matters of sex that will make for a strong, clean, fine race of Americans in the future.

THE FOLLOW-UP PROBLEM OF VENEREAL DISEASE IN PRIVATE PRACTICE *

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In order to find out the attitude of physicians in private practice toward the follow-up of venereal disease patients and to supplement the findings of a recent study¹ of the follow-up system in clinical practice, the present inquiry was undertaken by the American Social Hygiene Association in coöperation with the Associated Out-Patient Clinics of New York. From physicians who had a follow-up system in operation, it was desired to learn what methods were in use, what methods were successful or unsuccessful, and whether, in general, the trouble and expense of following up delinquent patients were justified by the results. An expression of opinion was requested as to the advantages and disadvantages of follow-up activities both from the viewpoint of the physician and of the patient.

Briefly stated, the findings of the study are as follows:

The follow-up in private practice seems to depend chiefly on the personal equation—of the physician and the patient. This point of view is shown plainly in the methods used, the manner of selecting cases for following up, and in the statement of objections to the use of follow-up. The social point of view generally active in clinical practice is, for the most part, lost sight of by the physician in private practice.

USE OF THE FOLLOW-UP.—Fifty-seven per cent of the physicians furnishing information used follow-up methods with

* This is the second and concluding paper on the study of follow-up of syphilis cases in clinical and private practice.

¹ Fisher, M.D., Henry A. *A Study of the Value of a Follow-up System in a Syphilitic Clinic*. JOURNAL OF SOCIAL HYGIENE, Vol. X, No. 8, November, 1924, p. 474-94.

venereal disease patients; 14 per cent used follow-up with other patients (this group of physicians were chiefly surgeons and gynecologists); and 29 per cent used follow-up with no patients.

SELECTION OF CASES.—About half the number which followed up venereal disease patients did so only in a selected number of cases. Selection was most frequently on a personal basis; that is, patients were followed up who, it was thought, would not resent the notice; or unmarried men not living at home so that mail could not be detected by relatives; or “intelligent” patients as contrasted with stupid or careless ones. Another group of physicians followed up seriously infected patients; one physician, cases interesting from the scientific standpoint.

METHODS USED.—There was usually no routine in the manner of follow-up, as to particular form of reminder or number of times it was used. Methods varied according to the need of the particular situation. Many physicians used different devices according to the peculiar temperament of the patients they desired to reach. Personal letters were the most frequent; telephone reminders, second; personal visits by self or assistant, third. In about half the instances, only one approach was made. If the patient did not return after one reminder he was dropped as an active case. In the other half, additional efforts were spent. If the first letter had no effect, then one or more telephone calls or a personal visit was made.

ATTITUDE OF PHYSICIANS AND PATIENTS.—Three-fourths of the group looked upon efforts as worth while, one-fourth did not. About 60 per cent of the group had heard no complaints from patients on the use of the follow-up, and about 40 per cent had received an unfavorable reaction. The chief objections on the part of patients were that mail would be read by relatives; that the follow-up is an intrusion on a personal and private matter; and that the physician’s motive in following up his patients is mercenary. Physicians expressed certain

objections, namely: the follow-up is unethical in private practice, as "soliciting business"; the physician is not responsible for his patients' treatment; the effort is not compensated by results; patients give false names and addresses.

The chief advantage seen was that continuity of treatment is established in a worth while number of cases. As for the patient, he was frequently pleased and flattered by the interest shown, and grateful for the reminder of the seriousness of his case.

In order to understand more clearly this study and its findings, something of the nature of the earlier clinical study, and its conclusions, are included at this point.

THE BROOKLYN HOSPITAL STUDY.—As a result of the desire of the New York Department of Health for definite information on the subject, a study to determine the value of a follow-up system in a syphilitic clinic was made in 1923 under the joint auspices of the Associated Out-Patient Clinics of New York and the Brooklyn Hospital. As part of the study an attempt was made to determine what minimum amount of follow-up effort might reasonably be required in such a clinic. Certain objections to a follow-up system by institutions maintaining clinics had been expressed variously, as follows: (1) A high cost; (2) excessive labor; (3) a high percentage of wrong addresses given by patients; (4) violation of secrecy by giving intimation to others that the patient needed treatment; and (5) a low rate of response to follow-up effort.

On the other hand, there were certain definite arguments in favor of the installation of a follow-up system:

1. The tendency of patients to stop treatment as soon as symptoms disappear or as soon as the Wassermann reaction becomes negative.
2. The tendency of patients to stop treatment because of some minor untoward occurrence, such as, a reaction after arsphenamine or pain after an injection of mercury, under the belief that the treatment was too strong for them. An explanation of these occurrences

serves to make them endurable and to keep the patient under treatment.

3. The necessity of keeping patients under control until rendered noncommunicable as a general menace to the community.

4. The desirability of control and observation until the disease be permanently arrested in order to protect marital partners and future offspring from infection, and to maintain the patients in a productive economic status, preventing their descent into a chronically ill dependent condition, either physical or mental.

5. The necessity because of the lack of any positive criterion of cure of syphilis, for the observation of cases of cure or probable cure for many years. The information thus secured is not only of the greatest value to the patient, but is our only means of learning the ultimate effect of various plans of treatment.

6. The value of obtaining knowledge of the reaction of the patient to the contact in the clinic, thus giving a check on the various aspects of clinic management.

7. The need, in all human endeavor, for stimulation to maintain constant effort toward a fixed goal in the face of discouragement or absence of definite indications.

That the validity of some of these arguments might be tested experimentally the Brooklyn Hospital Dispensary was selected as a suitable place in which a study could be made.

It is obvious that no method of sending notes and letters or making home visits, urging patients to persist in treatment, can be successful unless supported by a clinic equipped to supply efficient treatment, care for patients promptly, and create in the minds of the patients, through contact with the clinic personnel, an understanding of the need for prolonged treatment and a feeling that personal problems are taken into consideration. The Brooklyn Hospital Dispensary by measuring up to these standards provided the proper setting for a study of follow-up methods. One year was taken as the period for observation, divided into four periods of three months each. During the first period the existing system was continued in order to have a basis on which to judge the effect of changes made in other periods. In general, the plan

then in operation was the sending of three printed note forms; the first, to each patient who missed two successive unexcused visits; the second and third at weekly intervals, if the patient did not respond to the first. In the second period of study, the former routine was continued, and, in addition, a home visit was made by the social worker to all patients not responding to the third note, and to patients whose notes were returned by the post office as not found. During the third period the same plan was continued, except that a letter was used in place of the third note, and the home visit, to men, was suspended and a second letter was sent in its place. During the fourth period, letters were substituted for the second and third notes respectively.

The conclusions growing out of the data collected were, briefly, as follows:

A follow-up system adds to the effectiveness of a syphilis clinic. The percentage of women and children returning to the clinic after follow-up efforts is greater than the men. There is a seasonal variation in response to notes by the men, the summer months showing the lowest number of returns. The men are more difficult to hold under treatment than the women. Follow-up by mail gave good results. Home visits are of distinct value for women and children. Wrong addresses present only slight difficulty. Patients are very human and react to any sincere efforts on their behalf. The form of notice seems of little importance. Promptness in sending the letter or note is important. The amount of time used in sending the notices is small in view of the results. The personnel of a clinic in a large measure determines its success or failure. If the physicians are considerate, if patients are individualized, if equipment and other facilities are adequate, results will be constant and immediate. The asset of every out-patient department is service.

In recognition of the informational value of the Brooklyn Hospital study from the clinical standpoint, it was decided to make a supplementary study of follow-up methods in private practice.

FOLLOW-UP IN PRIVATE PRACTICE.—Reprints of the Brooklyn Hospital study and questionnaires were sent to 481 selected

physicians practicing in greater New York. The selection was made by the Dispensary Development Committee including physicians in private practice who were giving, or had given their time to clinical work. Clinical experience was made a qualification on the assumption that the knowledge of methods and benefits of the follow-up acquired from clinical work might have led to the institution of similar procedure in the routine of private practice. At least, it could be assumed that physicians familiar with the follow-up system in clinics would have information on which to base an opinion, favorable or unfavorable, toward a similar system in private practice.

In November, 1924, 481 questionnaires were sent out. Answers were received from 148 physicians, or 30.7 per cent of the total number from whom information was sought. The study based on 30.7 per cent returns can be only suggestive of the trend of opinion in regard to the follow-up problem. The data is too limited to serve as a basis for conclusive statements. It is surprising that a large group of prominent physicians supposed to be interested in questions of the sort responded in such small measure. Repeated reminders failed to provoke a larger number of replies. Furthermore, not all the questions were answered by the reporting physicians.

SUMMARY OF REPLIES.—Over half of the physicians, who replied to the question regarding the use of a follow-up system, indicated that some scheme was in operation whereby delinquent patients might be urged to return for treatments. Seventy-two, or 57 per cent of the 126 replies on this point, stated that follow-up was used with both venereal disease patients and other patients, or with only venereal disease patients. Of this group 52, or 41 per cent, were in the first class, and 20, or 16 per cent, were in the second class. Another 17 physicians, or 14 per cent, followed up some patients, but none of those suffering with venereal disease, while 37 physicians, or 29 per cent, did not utilize follow-up methods with any patients. Twenty-two of the total 148 replying to the

questionnaire did not furnish information as to whether or not they followed up delinquent patients.

Physicians utilizing the follow-up system are grouped as follows:

Use of follow-up	Number of physicians all groups	Number of specialists in dermatology, syphilology and urology	Number of specialists in other branches or medicine	Number of general practitioners	Per cent of total number of physicians
For all patients...	52	31	19	2	41
For venereal disease patients only ...	20	14	4	2	16
For patients other than venereal dis- ease patients ...	17	4	13	..	14
For no patients...	37	33	4	..	29
Total.....	126	82	40	4	100

Of the 37 physicians who did not follow up any patients, it is interesting to note that 23 physicians reported they had seriously considered the possibility; five, that they had not. Considering the physician groups, it is seen that of the 82 specialists in dermatology, syphilology, and urology, 38 per cent followed up both venereal disease and other patients; 17 per cent followed up only venereal disease patients; 5 per cent followed up some patients other than venereally diseased; and, 40 per cent used no follow-up. Of the group of physicians specializing in other fields, 48 per cent followed up all delinquent patients; 10 per cent, only venereal disease patients; 32 per cent, patients other than venereally diseased; and 10 per cent, no patients.

Information received from 72 physicians regarding methods of follow-up with venereal disease patients indicated a wide variation in customary practice. Over half of this number reported that several different methods were used according to the exigency of the situation; therefore, they appear in more than one method grouping in the table below. The "personal letter" appeared to be the method most popular, with 61 physicians, or 69 per cent of the group, reporting its use. Thirty-five, or 49 per cent, resorted to the telephone to

remind delinquent patients, while smaller numbers reported other devices, such as personal visits, form letters, and cards. The answers received are classified, as in the following table:

Methods used	Physicians reporting	
	Number	Per cent
Personal letter	61	69
Telephone	35	49
Personal visit (self).....	5	7
Personal visit (assistant).....	4	6
Form letter	3	4
Card	3	4
Other:	..	7
"Personal touch"	1	..
"Reminder"	1	..
Hospital social service.....	1	..
Aid of family physician.....	2	..

More than half, or 54 per cent, of the 72 physicians reporting follow-up methods attempted them only with selected cases, and not with all cases. To the question: "Do you use follow-up methods with all delinquent patients?" 35 replies were negative, 30 affirmative.

Several methods of selection were stated by physicians following up venereal disease patients, although not all answered the question. The largest group followed up only those patients whose cases were serious, or highly infectious to other persons. Others used their own judgment in selection, dependent upon the probable mental reaction or appreciation of the patient in receiving such a reminder. In several instances, intelligent patients were singled out, while stupid ones, thought to be incapable of realizing the gravity of the disease, were not approached. Sometimes, only unmarried men were followed up, or married persons who did not express an objection to receiving mail from their physician.

As to the number of notices, and intervals at which they were sent, 14 physicians had no set standard. They stated, in general, that one or more approaches were made as required according to individual cases. Twelve physicians sent one letter only. One of this group stated that in syphilis cases,

a letter was sent seven days after the time when the patient failed to appear; in gonorrhea cases, about two weeks. Another physician followed up within ten days any patient who was accustomed to calling three times a week. Six additional physicians sent two letters. One of these sent the following notice twice at six month intervals:

Dear Sir (or Madam) :

I am very much interested in the final outcome of my cases and should, therefore, be greatly obliged to you if you would let me know, in detail, if possible, how you have been getting along since I last saw you.

Thanking you in advance, I am

Very truly yours, etc.

Various combinations of the letter, the telephone call, and the personal visit were reported. One physician used all three methods of follow-up, and at the same time enlisted the aid of the family physician.

ATTITUDE OF PHYSICIANS AND PATIENTS TOWARD FOLLOW-UP.—Three-fourths of the total number of physicians furnishing information as to the resulting value of the follow-up, considered their efforts distinctly worth while; one-fourth, that time and money spent this way were thrown away. In the group of physicians following up all patients, 84 per cent considered their efforts productive of definite results; 16 per cent, their efforts wasted. It will be remembered that about three-fifths of this group were specialists in dermatology, syphilology, and urology. Of the group of physicians following up only venereal disease patients, but 47 per cent looked upon their efforts as worth while; 53 per cent, not worth while.

A variety of objections were made to the use of the follow-up in private practice chiefly by physicians who did not follow up patients. They are listed briefly, as follows, with the number of physicians stating the objection:

	Number of physicians
Unwillingness to "solicit," as cheapening in the eyes of the patient, or aping the quack.....	10
Follow-up letters have driven resentful patients elsewhere..	3
The responsibility for treatment rests with the patient, not the doctor	8
Results not commensurate with efforts.....	6
Patients give false names and addresses.....	6
Unintelligent patients do not heed follow-up, intelligent patients return anyway.....	2
Follow-up is open to "all kinds of abuses".....	1
Follow-up is not possible or advisable with patients of better type	1
Impression that patients leaving one doctor do not cease treatment but go to another doctor.....	2
Possibility of the patients' resentment.....	1

Asked whether patients objected to the follow-up, 39 physicians, or 61 per cent, answered "No," and 25 physicians, or 39 per cent, answered "Yes."

Complaints of patients were three, in the main. Together with the number of physicians reporting these are:

	Number of physicians
Fear that mail will be read by relatives or others, and infection discovered	12
Resentment at intrusion in what is felt to be a personal and private matter.....	12
Belief that follow-up is result of mercenary motive, that prolonged treatment required is a "sucker game," or even "blackmail"	8

One outstanding advantage was seen by physicians who regularly followed up delinquent patients. Nineteen physicians reported that continuity of treatment was certainly maintained in varying numbers of cases. Many of them stated that any result obtained made the expenditure of time and money worth while. No exact statement of returned patients could be given, but estimates were, variously: 10 per cent, 40 to 50 per cent, and 95 per cent.

Another advantage of the follow-up was stated to be the

possibility of collecting scientific data when patients could be persuaded to remain under treatment.

As to favorable reactions on the part of patients, several physicians stated that a patient was flattered and pleased by the personal interest shown, and that he appreciated receiving a reminder of the seriousness of his case.

THE YOUTH OF TO-DAY *

NEWELL W. EDSON

American Social Hygiene Association

How we envy youth, we older folks, and especially we fathers and mothers! How we should like to be young again! There is so much we could have done, and we are sure we could do it much better to-day. Modern life is such a field for adventure, and there are so many new things to adventure with. Will modern youth adventure right? Will they ride undaunted and unswerving along a path of service that will make a better world? As never before, we are giving voice to our hopes and fears for them.

Never, I believe, was more said, good and bad, about youth than we are saying of them to-day; popular magazines, the newspapers, the lecture platform, health programs, court reports, journals of science and education were probably never more concerned with them than at present. But whatever may be said about them, we are pretty much convinced, are we not, they are a fine lot? Perhaps more than in any previous generation they are clear-visioned, frank, fearless, scorning sham and myth, and eager for the adventure of life. At times, however, we older folks are a bit disturbed by their bobbed hair, cosmetics, short skirts, bell-bottomed

* Radio talk broadcast from Station WEAJ, November 10, 1925. This lecture was one of a series arranged by the Women's League of the United Synagogue of America.

trousers, and shrieking colors—until we recall the extremes we followed when we too were young.

It is true that the youth of this generation are independent as youth have never been before. The emergencies of the Great War proved to them their economic and social and moral values, and their abilities—perhaps exaggerated them. I doubt if any other war ever put a greater premium on youth. And out of those experiences they have brought familiarity with many new avenues of expression, along with the tendency to speed up which has gripped us all. "Let's go!" has become particularly a symbol of modern youth expressing its independence of adults, nay, even leading them.

So we, misled somewhat by their independence, their bravado, and their partial successes, have been inclined to think that perhaps they don't need our adult assistance after all. But they do, and what's more, they know they do! They don't want our commands, nor our advice, especially if it is preachy (and in these respects they are not so different from what we were at their age, are they?). But I am sure they do sense their limitations, their only partial skills, their lack of foresight and of social experience. And if they weren't too proud to beg it, they would ask us to interpret life to them sympathetically, perhaps even to guide them a bit.

In no phase of life do they need such help more than in their boy and girl relationships. In adolescence boys and girls suddenly become aware of each other as never before. They realize, too, that this awareness is somehow connected with their adolescent growth and also with romance and love. Romance interests them immensely, though all too frequently it falls short of their expectations and is often scarce recognized when it comes. For romance is usually an uncharted territory to them, where adults too commonly give them no help or guidance. Adults, even parents, are so apt to look pityingly upon romance or to jest at love, little realizing its importance to youth. And when some valiant soul, in trying

to interpret these matters to youth, mentions the word "sex," we all flee!

Furthermore, we elders persistently assume that somehow, without our help, boys will come to learn what sorts of creatures girls are, and vice versa, and that after all it will be soon enough for them really to understand each other when they are married. These assumptions result in the ignorance that continues the falling-in-love-at-first-sight tradition and then in their sticking together as lovers no matter how unsuited they may be to each other; it results in teasing the emotions through petting and spooning, with constant danger of being swept off one's feet; it results in runaway matches, in a growing demand for trial marriages, and in an increasing number of temporary relationships and of sexual experiments which are virtually marriages without the responsibilities of marriage. If we are fair to youth, we know that these situations are too complicated for them to handle unaided, yet we go on assuming that once a boy and girl pledge themselves as mates, they are fully aware of the relationships and obligations involved. Strangely enough, we forget how long it took us to acquire our home partnership philosophy and what knocks and hurts it meant to us, with some scars still left. Surely, we adults have learned something of value in this respect and we can at least save our youth some of the hit-or-miss experiences they pass through to-day!

Well, what can we interpret to them, sanely and wholesomely and most sympathetically? These things at least, I am convinced:

First, what adolescence means to them in terms of growth, responsibilities, and opportunities; how and why they are becoming adults so rapidly; what we expect of them as adults and the chances this will mean for service to their fellows.

Second, what the emotions are and do. Youth need to know why emotions are necessary and when unnecessary, why they need outlets for their emotions, why outlets that make loved ones unhappy are not satisfactory to the individual, how this

whole matter is tied up with emotional guidance, or self-control, and especially how it affects the whole range of their boy and girl relationships.

Third, they need to be shown how boy-girl attitudes to-day influence the man-woman attitudes of to-morrow. And this is as true of the home partnership as of any other relation. When a boy marries he doesn't suddenly acquire a magic way of getting along with this girl who is his mate; his attitude toward her will be largely that of his attitude toward girls in general. This may spell happiness or misery to his partnership. Many a home is wrecked because of attitudes of selfishness or exploitation which the partners learned in youth and never outgrew.

Fourth, they deserve to have interpreted for them the significance of the home partnership, and its importance to them and to their happiness. They deserve to know what the choice of a mate has to do with it and to be given some principles for choosing a mate; to have courtship standards set; to realize that marriage doesn't mean unbridled license, in the home or out; to appreciate the importance of having children and of training them to be fine members of society; and to be shown how a rich love usually grows out of the sympathetic and thoughtful daily service of mates.

And, last, they ought to have a chance to realize that what they are building now in habits, attitudes, and ideals, they are building for this all-important home partnership.

So, you adults who are listening in, especially you fathers and mothers, I beg of you to give heed to the youth of to-day and to their problems of boy and girl relationships. They need the best of your experience, your commonsense, your sympathy. They have been taught so little and need so much! And remember, that whatever you give them will help to make the happiness of their homes, for as always, the youth of to-day are the home partners of to-morrow. Aren't their homes worth the best of all you can do for them?

EDITORIALS

AN ANCIENT PLAINT

The pitfalls of modern youth seem to the elder generation like bottomless chasms; to youth, however, they probably appear only as the normal hazards of their era. The anathemas of one decade often are included in the accepted *mores* of the next, and it is found that many good things come out of the social Nazareths of former years.

The so-called "petting parties" of to-day are no innovations, save in nomenclature, nor are the road-house and auto-ride evils inherently novel. Youth always has sought and discovered means for getting "far from the madding crowd" and facilities, natural and artificial, for promiscuous sex relationships have existed from time immemorial. Each succeeding century has witnessed newer and speedier means of transportation, changes in dress, fashions in recreation, and alterations in social usage, every one of which—to the routine horror of their elders—youth has seized on and put to use.

Can worse things be said to-day of short skirts than were said of the low-cut waists of former years? And the feminine hikers and equestriennes of 1926!—do their knee breeches and "plus fours" attract more attention and comment than did the bloomers of the nineties? As for that combination of barn dance, buck-and-wing, and "daily dozen" styled the Charleston, its worst enemies could say nothing more vitriolic regarding it than was said of the waltz when that dance was first introduced. In so far as any correlation may be attempted between dress and recreation on the one hand and immorality on the other, it may be well to recall the times of Louis XV in France. Then, if history is to be credited, the dances were stately and the clothing more voluminous than at almost any other period, before or after, but sexual promiscuity was at its height.

The supervision and example of their seniors will go just as far to-day as they have in the past, toward guiding the younger generation. The supervision must be sympathetic, unobtrusive, but constant; the example should furnish trustworthy sign posts for the paths of youth. With these to guide them, there is more than a chance that to-day's young folks will acquit themselves as well as, or better than those of the past.

A few lines from the letters of a mother to one of her friends may prove interesting in this connection: "Feb. 13th: We hope that my daughter and her husband will arrive here next Friday. God grant that the visit pass off without any unpleasantness. . . . I dread the bad company with which my daughter will be forced to mix." "March 10th: My children depart in three days and I am heartbroken at the thought. . . . My daughter's good principles are so firmly rooted, thank God, that she has been able to mix in every sort of society here without any danger of becoming smirched. But nothing like the young people of to-day has ever been seen. They make one's hair stand on end. They have neither manners nor morals."

No—kind reader—these excerpts are not from letters of 1926. They were written by a gentlewoman and are dated 1718.

HEALTH AND EMPIRE

It is a pleasure to extend greeting and congratulations from social hygienists of the United States to *Health and Empire*, a new quarterly publication, the journal of The British Social Hygiene Council. The March 1926 issue, volume one, number one, carries four main articles together with editorials and departments devoted to book reviews, official publications, British Social Hygiene Committee notes, and publications received.

The contents of this opening number indicate an interesting and valuable addition to the periodicals of the social hygiene field.

SOCIAL HYGIENE BULLETIN

*Continuing the SOCIAL HYGIENE BULLETIN which was published
as a separate monthly periodical from 1914 to
December, 1922, Volumes I-IX*

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Joint Meetings at Atlantic City.—Sixteen national organizations, each of which promotes some phase of public health, will meet in Atlantic City, May 17th, for a week's discussion of common problems. In addition to participating generally in the entire program of the Health Congress, the American Social Hygiene Association is coöperating with other health agencies in arranging a series of round-table discussions on various aspects of social hygiene.

In coöperation with the American Public Health Association under the Chairmanship of Louis I. Harris, Health Commissioner of New York City, a program on Venereal Disease Control has been arranged for May 19th, from 2 to 5 P.M. The speakers invited to take part in the meeting are Surgeon General Hugh S. Cumming, Dr. William F. Snow, and Dr. R. S. Dixon. A large number of health officers are expected to take part in the discussion.

Dr. Max J. Exner, Director of the Department of Educational Measures of the Association, has been invited to speak before the meeting of the National Organization for Public Health Nursing on May 18th. His topic will be "The Nurse's Part in the Social Hygiene Program."

In coöperation with the National Committee for the Prevention of Blindness, the Association is arranging a program on syphilis and gonorrhea and their relation to the eye and to blindness. Those who have been invited to take part in the program are Dr. T. B. Holloway, Dr. John H. Stokes, Dr. P. Brooke Bland, and Dr. Julius

Levy. Discussion will be continued by the Commissioners of Health of New York and Alabama and by a number of workers in the field of social medicine.

Another joint session will be that of the American Health Association, the American Child Health Association, the National Organization for Public Health Nursing, and the Conference of State and Provincial Health Authorities of North America which will be concerned with the public health administration of communities. "Light and Health" is the subject of a joint meeting of the American Public Health Association, the American Child Health Association, and the National Organization for Public Health Nursing. The physician, the surgeon, the nurse, and those conducting various kinds of laboratory research have news on this subject for every worker in the field of health. The American Child Health Association and the Child Health Section of the American Public Health Association will meet to discuss newer methods for the control of infectious diseases. The American Public Health Association and the New Jersey Sanitary Association will consider the problem of the industrial pollution of water. The National Committee for Mental Hygiene has arranged 16 round-table discussions to be held under the chairmanship of Dr. George K. Pratt. Four each of the round-table sessions will be devoted to the backward child, adolescence, the problem child, and community and organization phases of mental hygiene. Adult education and its most recent developments will occupy a joint meeting of the three nursing organizations and the nursing section of the American Public Health Association. The National Organization for Public Health Nursing Section of the American Public Health Association will conduct a class to teach nurses how to inform their communities of their work. The Women's Foundation for Health will bring together speakers from all fields to develop the complete ideal of "Positive Health."

Kahn Test Standard Test in the United States Navy.—On December 30, 1925, the United States Navy Medical Department notified all medical officers that hereafter the Kahn Test would be regarded as the standard test in the serum diagnosis of syphilis and yaws, and that it be so employed as a routine. If other tests are used in the navy, they must now be in addition to the Kahn Test. Unit outfits containing the necessary apparatus will be furnished all ships and stations on requisition to the United States Naval Medical

Supply Depot, Brooklyn, New York, and standardized antigen is obtainable upon request from the commanding officer, United States Naval Medical School, Washington.

Insurable Syphilis.—Certain classes of syphilis are insurable, says B. F. Byrd in an article, *The Effects of the Modern Treatment of Syphilis*, which appeared in Vol. XVI, No. 5, of *Medical Insurance*. That class with a history of thorough treatment during the chancre stage with one of the accepted arsenic preparations and mercury over a period of two years, provided the blood and spinal fluid are negative one year after all treatment has been discontinued, may be considered cured and insurable at standard rates. Applicants with a history of thorough treatment after the appearance of secondary lesions and negative blood and spinal fluid one year after thorough treatment are certainly insurable at a moderately advanced rating. While there are some remarkable results reported from treatment with some of the new preparations, there is not yet presented sufficient evidence of a character to justify a rating in cases where there has been any nervous manifestations. The ability of the examiner, as well as the ability of the doctor treating the patient, should not be overlooked. There appears to be what we might characterize as a certain amount of syphilomania, and the syphilitic with a history of thorough treatment is not nearly so bad a risk as he has been considered.

Mrs. Anna Garlin Spencer Honored.—The National Council of Women of the United States have invited the friends of Mrs. Anna Garlin Spencer, their Honorary Vice-President, to participate in the celebration of her seventy-fifth birthday at a Rainbow Luncheon at the Hotel Astor, New York City, on April 17th. Dr. Valeria H. Parker, President of the National Council of Women of the United States and Director of the Department of Protective Measures of the American Social Hygiene Association, to which Association Mrs. Spencer has devoted years in the capacity of lecturer and member of the Board of Directors, will preside. Eminent speakers representing other organizations with which she is affiliated will pay tribute to Mrs. Spencer, from the standpoint of her achievements as theologian, educator, humanitarian, social hygienist, suffragist, sociologist, author, and lover of peace. The Committee on Arrange-

ments, of which Dr. Katharine Bement Davis is chairman, is composed of persons in varied fields of activity, among whom are Mrs. Ella A. Boole, Mrs. James Lee Laidlaw, Mrs. V. G. Simkhovitch, Dr. William F. Snow, Dr. Elizabeth Villard, and Dr. and Mrs. Minot Simons. A further testimonial of appreciation of Mrs. Spencer is planned in the nature of a birthday gift of a "Pot of Gold at the End of the Rainbow" of seventy-five years.

Syphilis Demonstration at New York State Medical Meeting.—The one hundred and twentieth annual meeting of the Medical Society of the State of New York was held at the Hotel Waldorf Astoria, New York City, March 29th to April 1st, under the presidency of Dr. Nathan B. Van Etten. On Thursday a clinical and pathological demonstration of every phase of the diagnosis, treatment, and public health control of syphilis, illustrated by patients, pathological specimens, X-ray pictures, moving pictures, charts, instruments, and drugs was begun at 10 o'clock in the morning and was continued throughout the day. This demonstration was conducted by the Medical Society of the State of New York in coöperation with the United States Public Health Service, the New York State Department of Health, the New York State Hospital Commission, the New York City Department of Health, and the American Social Hygiene Association. Leading syphilographers of New York City took part in the demonstration, and in the afternoon a number of physicians presented formal papers on subjects in their chosen fields. Dr. William F. Snow, General Director of the American Social Hygiene Association, and Dr. Walter M. Brunet, of the Department of Medical Measures of the Association, served on the committee of Arrangements, and the Association presented an exhibit which brought home to the medical profession the importance of emphasizing the social as well as the medical approach to the venereal disease problem. The New York City Department of Health and the State Department of Health also presented syphilis from the educational and public health standpoints. The program on Thursday, April 1st, was outlined as follows:

SYPHILIS DEMONSTRATION

Committee on Scientific Work

Andrew MacFarlane, M.D., Chairman.

Local Committee on Exhibit

Louis I. Harris, M.D., Chairman.

Walter M. Brunet, M.D., Louis Chargin, M.D., Howard Fox, M.D.
 Joseph Lawrence, M.D., George M. Mackee, M.D., Albert Pfeiffer, M.D.
 Alfred Potter, M.D., Hans Schwartz, M.D., William F. Snow, M.D.
 Alec N. Thomson, M.D., Fred Wise, M.D.

PROGRAM FOR EXHIBIT

Cutaneous and Mucous Membrane Syphilis:

Primary and Secondary Syphilis—Drs. M. Parounagian, and F. Mason.

Tertiary Syphilis—Dr. Benson Cannon.

Syphilitic Scars—Dr. Dudley D. Stetson.

Visceral Syphilis:

Stomach—Drs. S. Oppenheimer, B. Crohn, A. Winkelstein, and J. Marens.

Cardiovascular—Dr. Harlow Brooks.

Pulmonary—Dr. G. Ornstein.

Bone and Joint—Drs. S. Kleinberg, J. Buchman, R. Kahle, and P. Colonna.

Cerebrospinal Syphilis:

Pathologic Specimens—Drs. I. Strauss and J. Globus.

Tabes—Drs. M. Keshner and M. Grossman.

Paresis—Drs. G. H. Kirby and A. Pollack.

Syphilis of Special Organs:

Eye—Drs. A. Tenner and M. Troncoso.

Ear—Dr. R. Almour.

Congenital Syphilis—Drs. I. Rosen and H. Sherwood.

Early Neurosyphilis—Drs. Randal Hoyt and A. MacGregor.

Syphilis Therapy—Drs. L. Chargin and A. Stone.

Pathology of Syphilis—Dr. D. Satenstein.

Syphilis as Demonstrated by Radiograms—Dr. I. S. Hirsch.

Experimental Syphilis—Drs. Wade Brown and Hideyo Noguchi.

Serology of Syphilis:

The Wassermann Test—Dr. A. B. Wadsworth.

The Kahn Test—Dr. Kahn.

Demonstration of *Spirocheta Pallida*—Drs. A. Jacoby, W. Seckel, and M. Nemser.

Lantern Slide Demonstrations—Dr. Howard Fox.

Lesion Offering Difficulties in Diagnosis—Dr. E. D. Barringer.

Syphilis from the Dental Standpoint—Dr. H. Winter.

Syphilis from the Public Health Standpoint—New York City Department of
 Health, State Department of Health, American Social Hygiene Association.
 An exhibit of books dealing with Syphilis loaned by the New York Academy
 of Medicine.

PAPERS: THURSDAY, APRIL 1.

- 2:00 P.M.—*What Price Syphilis?* William F. Snow, M.D., New York City.
2:15 P.M.—*Syphilis from the Point of View of the Dermatologist*, Jay F. Schamberg, M.D., Philadelphia, Pa. (by invitation).
2:30 P.M.—*Syphilis from the Point of View of the Internist*, Udo J. Wile, M.D., Ann Arbor, Mich. (by invitation).
2:45 P.M.—*Syphilis from the Point of View of the Neuro-psychiatrist*, George H. Kirby, M.D., New York City.
3:00 P.M.—*Syphilis from the Point of View of the Obstetrician*, Alfred C. Beck, M.D., Brooklyn.
3:15 P.M.—*Syphilis from the Point of View of the Pediatrician*, Isaac A. Abt, M.D., Chicago, Ill. (by invitation).
3:30 P.M.—*Problems, Methods, and Results in the Treatment of Syphilis*, John H. Stokes, M.D., Philadelphia, Pa. (by invitation).

In order that all physicians in New York State should be fully informed regarding the Syphilis Demonstration and the importance of attending it, a special pamphlet, *The Fundamentals of Syphilis* was prepared, and copies were mailed to them prior to the meeting. Over 1200 physicians registered at the annual meeting and on the day devoted to syphilis there were at least 100 new registrations which indicated that physicians who were unable to be present during the entire conference made a special effort to be present on the last day to see the demonstrations and to take part in the discussions on the various phases of syphilis.

Virginia Appropriates Fund for Social Hygiene.—The General Assembly of Virginia just adjourned has made a continuing appropriation of \$7000 for the State Bureau of Social Hygiene. This sum will enable the Bureau to carry on the excellent work now in progress. A particularly fine educational program in which the American Social Hygiene Association has coöperated has been conducted during the past year under the guidance of Dr. Roy K. Flannagan, Director of the Bureau, with Mrs. Fereba C. Croxton as field worker.

Brooklyn Medical Society to Admit Laymen.—The Kings County Medical Society, Brooklyn, New York, now permits laymen to become associate members, and to attend and take part in the regular meetings and discussions of the organization, but to have no voice in the administration. This plan has been adopted in order to help create friends of medical progress and to enable the public to

assist organized medicine attack unqualified practitioners and harmful methods. The amendment as finally adopted at the meeting of the Kings County Medical Society on Tuesday, January 19th, read: "Associate members shall be persons interested in science or in the service to the public of this society, or members of professions allied to medicine."

Conference on Community Welfare.—Charles E. Miner, Executive Secretary of the Missouri Social Hygiene Association, has been appointed chairman of the Publicity Committee for the Mid-Mississippi Valley Conference on Community Welfare, to be held in St. Louis, May 9th to 11th, under the auspices of Washington University and the Community Council of St. Louis.

Iowa Law to Handicap Indiscriminate Marriage.—An amendment to Section I, Chapter 469 of the Code of 1924, which has gone into effect, is being watched with interest, especially by the states which border Iowa. It is thought that many couples now desiring marriage licenses may procure them outside of the state as a result of this new law. The Board of Control of Iowa is to furnish to clerks of the District Court lists of all persons over fourteen years of age who are or who have been inmates of state institutions for the insane or feeble-minded, and who, therefore, may be disqualified for marriage. The law is stated as follows:

The Board of Control shall furnish quarterly to each clerk of the district court lists of all persons then living and over fourteen years of age, who are or who have been inmates of state institutions for the insane or feeble-minded, or who have been committed to the guardianship of the board as feeble-minded, except persons whose competency to marry shall subsequently have been established by judicial proceedings, or who have been discharged as cured under Sections 3501 and 3506, Code of 1924, together with the names of such other persons as are, within the knowledge of the board, disqualified for marriage under paragraph 5 of Section 10429, Code of 1924. Such lists shall contain, so far as obtainable, the dates of birth and places of birth of the individuals listed, together with such other identifying information as may be desirable and obtainable. No clerk shall issue any marriage license to any applicant without first satisfying himself that the name of neither party to the marriage is contained in the latest list furnished by the Board of Control.

Any person aggrieved by such refusal to grant a license may by petition bring proceedings in the district court of the county of his residence to have his competency to enter into the marriage relation established and if, on hearing, decree be entered in his favor, such license may be issued on order of the court.

Petitioner shall cause notice of the filing of said petition to be served on the State Board of Control in the manner required for the service of original notice at least ten (10) days before the date set for the hearing of said petition and the Board of Control shall have the right to appear and contest the allegations of said petition in behalf of the state. The trial shall be in an equitable proceeding and either party may appeal from the decree rendered to the Supreme Court as in proceedings in equity.

Conference in Copenhagen.—The National Vigilance Association is making preparations for the Preparatory Conference for the next International Congress for the Suppression of Traffic in Women, which will be held in Copenhagen this summer. It will be the work of this Conference to consider and to decide upon the subjects to be placed upon the agenda of the Congress of 1927. It is hoped that the Commission of Expert Inquiry of the League of Nations will have issued a public report by that time on the result of their investigations into the extent and causes of the traffic in women.

"Keeping Fit" Campaign in Cattaraugus County.—Following the "Keeping Fit" campaign in Syracuse, Dr. A. J. Read and Dr. Carro K. Croff of the New York State Department of Health undertook a similar series of lectures in Cattaraugus County, New York. Dr. Read spoke at 25 meetings to a total of 4657 men and boys. In Olean there was an audience of 900 persons at one meeting alone. Dr. Croff addressed a total of 2119 women and girls. Cattaraugus County with a smaller population than Syracuse had almost the same record of attendance at lectures. As in Syracuse the American Social Hygiene Association was one of the coöperating agencies in the Cattaraugus County Campaign.

National Negro Health Week.—The twelfth annual observance of Negro Health Week has been set for April 4 to 10, 1926, under the auspices of the Tuskegee Negro Conference and the National Negro Business League with the assistance of federal, state, county, and municipal organizations. National Negro Health Week was established in 1915 by the late Booker T. Washington, and it was participated in by 14 agencies organized entirely among colored people. The 1926 call for National Negro Health Week includes 28 agencies and organizations, 11 of which are for all the people, white and colored. The American Social Hygiene Association is one of the coöperating Associations, and Mr. Franklin O. Nichols

of the Department of Educational Measures is doing extensive work among Negro groups in the social hygiene aspects of health.

Venereal Disease Control in the Province of Nova Scotia.—Dr. H. A. Chisholm, Provincial Inspector of Health, in his report to the Provincial Health Officer, Dr. A. C. Jost, for the year ending September 30, 1925, said that the activities regarding the control of the venereal diseases are carried out through three channels: the series of free clinics, five in number established at Sydney, New Glasgow, Amherst, Halifax and Yarmouth; arrangements made with local doctors for the free treatment of patients that are beyond the reach of the clinics; and free admission to hospitals of patients who are too ill to attend the clinics or a doctor's surgery.

During the past year 397 new cases have been admitted to the clinics, 49 to local doctors, and 258 to hospitals making a total 704 new cases treated during the year and a grand total of 2809 cases treated since the inauguration of free treatment for needy patients in 1920.

Social Hygiene Laws Compiled.—The Division of Social Hygiene of the New York State Department of Health has had published a compilation of the laws and regulations relating to syphilis, gonorrhea, and chaneroid for distribution to health officers and official and volunteer agencies interested in the control of the venereal diseases. The bulletin also contains charts and an account of the subjects covered in the free lecture service, films, exhibits, and publications available, and a list of the clinics up-state for the treatment of indigent cases.

Status of Some First Admissions to the Detroit Venereal Clinic.—Dr. R. S. Dixon, Director of the Venereal Clinic, Detroit Department of Health, in an article entitled *The Changing View*, reports that an analysis of the records of 300 consecutive men appearing at the admittance desk in seven clinic days shows that 85 were Negroes and 215 were white. Of these men, 37 were less than twenty years of age, 84 were from twenty to twenty-five years of age, 74 were from twenty-five to thirty, the thirty to forty group contained 77 persons, and 28 were over forty years of age. Two hundred and six of the 300 men claimed to be single, 94 to be married, 4 to be widowers, 7 separated, and 4 divorced. Children were involved in

37 cases. Seventy-five of the 300 were foreign born and 225 were American born, but it is probable that some of the American born were but one generation removed from their European or Asiatic origin. The 75 foreign-born men came from 22 different countries; 12, the highest number of men from any one country, being from Greece. Italy and Canada were second with 11 men each, while one man was recorded from each of the countries of Bulgaria, Isle of Crete, Finland, India, Ireland, Russia, and Serbia.

The ratio of men to women coming to the clinic is three to one, and a corresponding analysis of 100 consecutive women appearing at the admittance desk shows that 44 were Negroes and 55 were white. Seventeen of the 100 women were less than twenty years of age, 35 were from twenty to twenty-five years of age, 22 were from twenty-five to thirty, 20 were from thirty to forty, and 6 were over forty years of age. Of the 100 women, 49 claimed to be married, 20 to be single, 20 separated, 3 divorced, and 8 widows. Children were involved in 34 cases. Nine of the women came from foreign countries; two each from Canada, Germany, and Spain, and one each from France, Italy, and Poland. The smaller percentage of women of foreign birth in contrast to the 25 per cent of men of foreign birth is said to be caused by the predominance of colored persons who are American by birth; 44 of the 100 women being Negroes and but 85 of the 300 men being Negroes.

The Canadian Health Congress.—The Canadian Public Health Association, the Canadian Social Hygiene Council, and the Ontario Health Officer's Association are planning the Health Congress which is to be held in Toronto during the week of May 3rd. It is the desire of the program committee to arrange not only for the presentation and discussion of subjects of major interest to those in attendance, but to make it possible for individuals or for groups of individuals to see in actual operation any of the health activities carried on within the city or in the immediate vicinity. Plans are being made for special and for general sessions and for several evening meetings which will be open to the public. It is the aim of the organizations sponsoring the Health Congress to make it the most important and the greatest gathering of health workers ever held in Canada.

Policewomen to Confer in Cleveland.—The International Association of Policewomen has decided to hold its annual meeting in Cleveland, Ohio, May 24th to 26th, inclusive, on the three days prior to the National Conference of Social Work. The dates of this meeting as stated in the March issue of the JOURNAL OF SOCIAL HYGIENE are the dates of the National Conference of Social Work.

Social Hygiene Lectures in Minneapolis.—On February 26th, Mrs. Robbins Gilman of the Women's Coöperative Alliance of Minneapolis commenced a series of eight lectures on the philosophy of social hygiene, covering the three divisions of sex and character, educating young people in respect to sex, and the community program for social hygiene. The lectures were given to a group of members of the Board of Directors and committee chairmen of the League of Women Voters. A weekly conference session in the study of sex education for mothers was also conducted on Tuesdays under the leadership of Mrs. Gilman. Included in this class were members of the Board of Managers of the Alliance and community leaders interested in the promotion of a sex education program for Minneapolis. Following the completion of six meetings in the introductory social hygiene conferences which were held in local neighborhoods of the West high school district, Miss Katherine Hattendorf, Director of the Department of Parental Education, conducted an advance conference group using *The Child, His Nature and His Needs*, published by the Children's Foundation, as a basis for study. Three additional conferences under the leadership of parent advisers of the Alliance were also organized for the week for February 28th.

Venereal Disease Treatment Centers for Seamen.—A list of treatment centers in the chief ports throughout the world has been prepared by the British Social Hygiene Council, and a card (Form V.44 revised from Form V.15) has been devised for the use of sailors who remove from one area to another and which admits them to treatment free of cost at many ports. This is in accordance with the International Agreement relating to the treatment of venereal diseases amongst seamen which was ratified by His Majesty on behalf of Great Britain and Northern Ireland. Under this agreement the contracting parties undertake that facilities shall be available, at each of their chief sea and river ports, for the gratuitous treatment

of merchant seamen, regardless of nationality; and such facilities are to include out-patient treatment, in-patient treatment, when considered necessary, and sufficient medical supplies to carry out necessary treatment during the voyage to the next port of call. The agreement also requires that each patient shall be supplied with a card for the purpose of providing a brief record of the diagnosis of the patient's case, the treatment given, and the treatment to be followed during the course of the voyage.

Marriage Bills.—Two of the bills now before the New York State Legislature are the Child Marriage Bill and the Hasty Marriage Bill. The first bill forbids the marriage of girls under fourteen and boys under sixteen years of age; and of girls between fourteen and sixteen years without the consent of both the parents and the Children's Court. The second bill makes necessary an interval of five days between the application for a marriage license and its issuance.

Series of Lectures Given in Detroit, Michigan.—The American Association of Hospital Social Workers, Michigan District, sponsored a series of eight lectures on venereal disease which were given once a week during the months of February and March. Dr. Walter M. Brunet of the Department of Medical Measures, American Social Hygiene Association, assisted in the planning of the program, and among the speakers were Dr. Henry P. Vaughan, Commissioner, Detroit Board of Health, Dr. Rachelle S. Yarros, Director, Social Hygiene Council, Chicago; Dr. R. C. Jamieson, Harper Hospital, Detroit, and Dr. W. Haynes of the University of Michigan.

Pan-American Red Cross Conference.—The Second Pan-American Red Cross Conference which will be held in Washington, D. C., May 25th to June 5th, will be made up of representatives of all national Red Cross Societies of the American continents. Each national society will present a report to the conference, summarizing the activities which it has carried on in conformity with the resolutions adopted at the First Pan-American Conference, which was held in Buenos Aires in November, 1923. The Secretariat of the League will prepare a general report and will request reports from international institutions and from persons competent to speak with authority on the various matters to be discussed. Some of the subjects on the agenda are: Study of organization and propaganda

methods; Red Cross relief activity and preparedness; the Red Cross and the improvement of health; training and activities of Red Cross nurses; Junior Red Cross; Red Cross activities in civil war and in the event of other disturbances affecting the general life of the community; and representations to be made to governments with a view to obtaining free postal facilities for national Red Cross Societies in all cases where that privilege has not yet been granted. In addition to the formal meetings of the commissions of the Conference, there will be round table discussions at which eminent authorities will talk over special topics of health, including the subject of venereal disease control. Dr. Edward L. Keyes, Dr. John H. Stokes, Dr. William F. Snow, and Dr. Walter M. Brunet have been designated Conference delegates from the American Social Hygiene Association. After the Conference, plans are being arranged for the South American delegates to visit the various organizations of the National Health Council in order that they may receive more detailed information regarding the work of the affiliated organizations. A special social hygiene program is being planned at which time the findings of the All-American Conference of 1920 will be reviewed.

Popularizing Health Education.—A clinic on methods and materials for popularizing health education will be conducted at Atlantic City, Wednesday morning, May 19th, by the Education and Publicity Section of the American Public Health Association as a feature of the American Health Congress.

Questions, plans of work, difficulties and problems, and samples of material to be discussed are invited from local, state, and national health organizations. Samples of printed matter of any type and written statements of plans and problems and other questions should be submitted by May first to Raymond S. Patterson, State Department of Health, Trenton, New Jersey. Those who submit printed matter should state whether or not they can supply 200 copies of each specimen to be distributed to the audience. An address in Atlantic City for sending the 200 copies will be supplied to those who submit samples.

The questions and other written material will be answered with a view to giving practical help to those who submit them as well as to others in the audience. The samples of printed matter will be used as texts for illustrating both good and bad points. Paper, color, arrangement of type, illustrations, and copy will be considered.

Report of the Cincinnati Social Hygiene Society.—Mr. E. F. Van Buskirk, Executive Secretary of the Cincinnati Social Hygiene Society, has prepared a summary of the work of the Society from November 1924 to November 1925, which appeared in the Cincinnati Public Health Federation bulletin entitled *A Year's Work of the Public Health Federation*.

During the period from November 1924 to November 1925, the number of grade schools making use of the Social Hygiene Society increased from 30 to 46. In all the public high schools except two the Society is developing a social hygiene program, and the principal of one of these two remaining schools has requested the Society's coöperation.

There are now 18 study groups of parents in various parts of Hamilton County, and a course of lessons in *Sex and Character Education* has been prepared for their guidance. At the request of the Ohio Branch of the National Congress of Parents and Teachers, the executive secretary of the Cincinnati Social Hygiene Society prepared a leaflet on sex education in the home, 14,000 copies of which have thus far been distributed.

A series of six lectures upon the social aspects of the venereal diseases was given to the sophomore medical students and to the senior nurses at the Medical College of the University of Cincinnati. Two courses in social hygiene for teachers were also offered partially under the auspices of the College of Education of the local University. The Social Hygiene Society is prepared to coöperate in assisting the university to train those preparing to become physicians, teachers, nurses, or social workers, by supplying lecturers who can supplement the regular curriculum.

The Society's work with the Municipal Court and with the venereal disease clinic, operated by the Cincinnati Board of Health, is being effectively carried on. The woman in charge of this phase of the Society's work is taking the social histories of new cases in the clinic on the days when women are treated.

In addition to the work mentioned, the Society coöperated with the American Social Hygiene Association which held its annual meeting in Cincinnati; a working program for the newly established Ohio Social Hygiene Council was formulated; and a report was compiled from the 80 replies received from a questionnaire concerning the possible functioning of policewomen in Cincinnati. It was the consensus

of opinion that if properly trained women of desirable personality could be secured for such positions, the city would benefit greatly from their activities.

Meeting of the Swiss Antivenereal League.—At the general meeting of the Swiss Antivenereal League, Dr. Cornaz reported on his investigations in the Lausanne antivenereal dispensary. In an article in the February 20th issue of the *Journal of the American Medical Association* he said that in the last six years the Lausanne section of the league by lectures, tracts, the cinema, etc., has been active in teaching the public the dangers of venereal disease and the importance of proper treatment, but that regardless of all this propaganda the number of patients suffering with syphilis and gonorrhea has not decreased, and although syphilis tends to disappear, this is due to modern treatment, especially to the use of neoarsphenamine. Gonorrhea at present appears to be on the increase but the number of patients who present themselves at the dispensary for treatment early in their disease has also increased. In the year 1919, 40 per cent of the gonorrheal admissions to the dispensary were cases of recent gonorrhea and 60 per cent were cases of gonorrhea of more than two weeks standing. These figures changed to 61 per cent of new cases and 39 per cent of old cases in 1922, the peak year for early admissions, and in 1924 they were 54 per cent and 46 per cent respectively. Dr. Cornaz came to the following conclusions: (1) Propaganda should insist on the importance of early treatment, and, in syphilis, on the necessity of being treated and watched even when symptoms are not present; (2) venereal service should be organized throughout rural districts. Gratuitous consultations should be multiplied and medicaments should be furnished to rural physicians for treatment of indigent syphilitic patients. Reports were also made by Dr. Golay and Professor Oltramare of the dermatologic polyclinic of Geneva.

Parisian Women Combat Venereal Diseases.—The *Conseil Nationale des Femmes françaises* under the auspices of the *Ligue Nationale française contre le Pêril Vénérien* held a special meeting in Paris for women only, which was attended by a thousand women from all classes of society. The first part of the program was arranged to instruct the women on the venereal diseases from the scientific, educative, legislative, social, and moral points of view; the second part

was devoted to the showing of an American film, *Venereal Diseases in Women*, and a French film, *Syphilis, the Social Scourge*. Among the speakers were Mme. Avril de Sainte-Croix, chairman of the meeting; Mme. Brumschwigg, president of the *Ligue Française pour le Suffrage des Femmes*; Dr. Montreuil Strauss, vice-president of the health division of the *Conseil Nationale des Femmes françaises* and president of the women's education committee of the *Société de Prophylaxie Sanitaire et Morale*; and Mme. Evard of the *Instruction Publique*, president of the educational section of the *Conseil des Femmes françaises*. Mme. Avril de Sainte-Croix explained that laws had been drafted which constitute soliciting in a public thoroughfare a penal offense and spread of infection an offense involving severe penalties. She whole-heartedly supported the abolition of regulation of prostitution.

The women's movement is making itself felt through the Woman's Educational Committee which was organized in December, 1924, within the *Société de Prophylaxie Sanitaire et Morale*.

This committee conducts lecture courses, both public and private, in different cities on the training of young women for marriage and motherhood and on the venereal diseases. When the lectures are given among the Parisian working classes, notices of the days and hours of the free prenatal and antivenereal clinics are posted, and at the close of the lectures pamphlets and literature are distributed to the audience. Many of the lectures are illustrated by films lent by the League of Red Cross Societies.

Milan, Italy, Establishes Clinic.—Since 1922, a clinic for medical examinations has been functioning in Vienna, Austria, says an item in the League of Red Cross Societies *Information Bulletin*, February 15, 1926. In the last six months of 1922 the clinic examined 83 applicants, while in the four months, December, 1923, to March, 1924, the number of applications increased to 480. Recognizing the value of protecting the individual and the race from the transmission of contagious and hereditary diseases by a system of medical examinations before marriage, the Italian Red Cross has organized a clinic in Milan similar to the Vienna clinic. In an article, *La visite médicale prématrimoniale*, which appeared in *Paris Medical*, No. 47, 1925, Dr. M. A. Cayrel said the following in regard to the organization of this new clinic:

The Italian Red Cross has entrusted to Professor E. Alfieri, chief of the obstetrical and gynecological department of the University of Pavia, the task of drawing up a draft manifesto setting forth the principles upon which the new organization will be founded. His conclusions were, in part, as follows:

"Recognizing that health is of primary importance in marriage, since the ill-health of one of the partners may lead to the unhappiness and poverty of both, Professor Alfieri emphasizes the urgent necessity for granting a certificate of health to engaged couples. Such a certificate ought to be considered of greater importance than evidence of financial means or good character.

"He claims that the institution of a system of medical examination before marriage is 'a work of highest social and humanitarian value, well worthy of a place in the peacetime programme which is being developed by the Italian Red Cross.'

"He makes it clear that two essential points in the scheme are the guarantee of professional secrecy of the most absolute kind and the employment of the best and most recent methods of clinical and biological investigation.

"The principles on which the Milan experiment has been based are worthy of note: (1) Free consultation, although gifts and subscriptions to the Institute may be accepted. (2) Absolute guarantee of secrecy including, when desired, the suppression of names and the substitution of an agreed sign. (3) The candidates must sign a declaration agreeing to submit to all examinations with regard to their state of health. This includes the right to consult any doctors who may previously have attended the candidate. (4) As a general rule, the result is based on methods of direct diagnosis (clinical, radiological, endoscopic, serological, bacteriological, etc.), carried out by doctors attached to the Institute, special attention being given to the venereal diseases and tuberculosis. This system differs from that employed in Vienna where the basis of the examination is the report of the patient's own doctor and in special cases of specialists designated by the patient. (5) Consulting physicians are appointed to assist the doctors attached to the Institute in cases of less frequent diseases which may also render marriage undesirable. Mental and nervous diseases come under this heading, also heart, nutritional, and gynecological disorders. (6) In cases where the name may be disclosed, the decision of the doctor with regard to the health of the candidate is written out on a form bearing the name of the Italian Red Cross. When the patient wishes to remain anonymous, the decision is given verbally and recorded in the register of the Institute under a distinguishing mark previously agreed to.

"Such is the outline of the scheme which will shortly be put into practice and of which the results will be watched with interest.

"It is extremely desirable that in the countries where this idea is being taken up, its development should be entrusted by law to a society such as the Red Cross. This branch of preventive social work would quickly lose its value if left to a State department, and is equally liable to exploitation by unscrupulous quacks.

"It is to be hoped that other countries will follow the example of the Italian Red Cross and that before long, the acceptance of such an examination will be widespread. The first step is to educate the youth of to-day, so that they may

realize the desirability of the system which is advocated. 'It cannot be denied,' says Dr. Cayrel, 'that young people to-day are striving to face squarely the problems of life and it is our duty to help them to overcome the prejudice and prudery which does not inquire into the state of health or presence of disease in the partners in a marriage, so long as their social and financial status is satisfactory. It is only by urging young people to submit voluntarily and to insist on others submitting to this form of examination that the social diseases which take so heavy a toll of life and health can be effectively checked and overcome. The medicine of the future aims not only at curing but more and more at preventing disease.'

Health Exposition at Düsseldorf, Germany.—Arrangements are being completed for an extensive health exposition to be held this year at Düsseldorf, Germany. The exhibition, which will cover the three sections of social service, physical training, and hygiene, is known as *The Great Health Exhibition of 1926*, and it will cover 4,200,000 square feet, of which 1,280,000 will contain permanent buildings. The medical profession is to have its own building and beginning May 8th there will be demonstrations of child welfare and lectures in dietetics and hygiene under the direction of Dr. Schlossman, professor of pediatrics, University of Düsseldorf. The German Federal Government, the Federal States, and the Austrian Federal Government are working with the directors of the German Museum of Hygiene at Dresden, with the leaders of local government, trade, and industry, and with other capable collaborators with the object of completing and perfecting the Great Exhibition. Among the many sections of the exhibition are housing, food, air and climate, vocational hygiene, contagious diseases, popular mishabits, epidemics and popular habits, insurance, social economy, and the whole range of social education and social organization.

Syphilis a Menace to Railroads.—"Syphilis to-day is preëminently the greatest menace attacking the manpower of the American railroads." This statement was made by Dr. J. R. Garner at the nineteenth annual meeting of the Southern States Association of Railway Surgeons. Dr. Garner rejects the opinion which seems to be prevalent among the laity and also among members of the medical profession that railroad employees are more generally affected with syphilis than other occupational groups. He said, in touching this point:

The railroad man is no more frequently infected with this disease than the general public, as will be shown statistically. However, it must be admitted

that there is no class of men in whom the ravages of this disease play so great a part in disqualifying them for the duties of their occupation as it does those engaged in that most important branch of railroad work, train service. This, because every day thousands of human lives are entrusted to their care; millions of dollars of property pass through their hands, and the lives and limbs of their coworkers are either protected or jeopardized in direct proportion as their power is unimpaired. We are compelled to admit that a disease with so far reaching devastations and such subtle and oftentimes sudden manifestations of ravages must be considered of great moment when encountered in this class of men.

A distinction is made between various stages of syphilis and their importance to railroads and their operation. It is the tertiary stage which is of chief concern, as in this stage syphilitic infection attacks the brain causing mental lapses and even insanity. The United States Public Health Service in a recent publication dealing with this subject states that the officials of a certain railroad were baffled in their search for the cause of four recent accidents. After every possible alternative cause had been considered it was found that in each case the person responsible suffered from the type of brain syphilis known as paresis. Dr. Garner in his address stated that many lives have been lost, much pain and suffering occasioned, and great financial loss sustained in the past on account of just such cases of mental lapses due to syphilis on the part of employees, who, years ago, had a syphilitic infection, and who, in the meanwhile, had risen to positions of responsibility. He stated that if it were consistent he could present reports of many cases of accidents that have been traced to a possible syphilitic infection as at least a contributing cause; that records of cases could be shown where men with an impending catastrophe due to syphilis have been apprehended in time to avert it by keeping the patient under proper medical care. The paper closes with this statement, which is in the nature both of a challenge and appeal to those accountable for the physical wellbeing of railroad employees and in turn the patrons of railroad systems throughout the country:

Because of its great importance and because the matter has not yet received anything like the attention that it deserves, this subject is presented to the railroad surgeons. We are in a position to prevent many catastrophes if we will only keep the matter before us whenever we examine an applicant for employment or when called upon to treat an injured employee. . . . It is firmly believed that with the coöperation of the local surgeons and company oculists, fully 45 or 50 per cent of syphilitic employees may be detected by simple inspection of eyes, gait, tremor, reflexes, etc., before the case has progressed too far.

Venereal Disease Control in Australia.—Chapter seven in the League of Nations Publication, *Public Health Service in Australia*, prepared by Dr. J. H. L. Cumpston, Director-General of Health, Commonwealth of Australia, and Dr. Frank McCallum, is on the subject of venereal disease. The Commonwealth Government has granted a subsidy of £15,000 per annum to the various states of Australia to assist in providing hospital treatment and administrative control. The prevention and control of the venereal diseases are undertaken by the states and each state has a Venereal Disease Act, or provisions of the Health Act govern the working of the measures taken to combat these diseases. In each state anonymous or impersonal notification of venereal disease has been made compulsory; steps have been taken to insure free treatment by physicians or in subsidized hospitals; registered druggists are allowed to dispense prescriptions only when signed by physicians; clinics have been established and, in some cases, beds in public hospitals have been set aside for venereal disease cases; penalties may be imposed on a patient who fails to continue under treatment, and the acts aim to prevent the marriage of any patient or the employment of an infected person in the manufacture and distribution of foodstuffs. The Acts of the various states and the accomplishments under them are as follows:

NEW SOUTH WALES.—The Venereal Disease Act, 1918, came into operation on October 1, 1920. The Act, which is administered by a commissioner, aims at insuring that all cases of venereal disease will have immediate and continued treatment. The commissioner is attached to the office of the Director-General of Public Health. Clinics are being established at subsidized hospitals. Notification is compulsory; a person suffering from the disease is required to place himself under the treatment of a medical practitioner or to attend a hospital within three days of becoming aware of the existence of the disease, and to continue treatment until a cure is effected. During 1924, the total notifications numbered 6090. Satisfactory results are being obtained from action taken in cases where patients have been reported for failure to continue treatment as required by the Act. A number of prosecutions, all of which have been successful, has been undertaken for: (a) sale of drugs prohibited under the Act; and (b) treatment of venereal disease by a person other than a medical practitioner.

VICTORIA.—Under the Venereal Diseases Acts, 1916 and 1918, the control of venereal disease is undertaken by the Department of Public Health. The Act provides for compulsory treatment by qualified medical practitioners of all persons suffering from the disease. All hospitals in receipt of state aid treat patients. Three evening and three day clinics have been established at hospitals in Melbourne, and in June, 1918, a special departmental clinic was instituted. Notification of the disease is compulsory, and 5264 cases were notified in 1924.

QUEENSLAND.—The Health Act, 1900-22, confers power on the Commissioner of Public Health to deal with the prevention and control of venereal disease, and affected persons must place themselves under treatment by a medical practitioner. Persons other than medical practitioners are prohibited from treating the disease. Subsidized hospitals are required to make provision for the examination and treatment of cases reported to them, and clinics have been established in Brisbane and seven towns. Notification is compulsory, and during the year 1924, 1655 cases were reported. Examination of prostitutes is conducted at Brisbane and eight other towns by medical officers appointed under Regulation 10 of the Venereal Diseases Regulations of 1923.

SOUTH AUSTRALIA.—The provisions of the Venereal Diseases Act, 1920, (not yet in operation) are to be carried out by the Inspector-General of Hospitals. The minister administering the Act may arrange with any public hospital to provide free accommodation and treatment, and may also establish hospitals and arrange for free examinations and free supply of drugs. Persons suffering from venereal disease will be compelled to consult a medical practitioner or attend a hospital and place themselves under treatment. No person other than a medical practitioner may attend or prescribe for patients.

WESTERN AUSTRALIA.—The Health Act gives power to the Commissioner of Public Health to deal with venereal diseases, and persons suffering from these diseases must consult a medical practitioner and place themselves under treatment. No treatment may be given except by qualified medical practitioners. Free examination and treatment are given by subsidized hospitals.

TASMANIA.—The Public Health Act, 1917-18, authorized the Director of Public Health to take steps for the control of venereal diseases, and persons affected must place themselves under the care of a medical practitioner or of a hospital. The state-aided hospitals are required to provide treatment. During 1924, 516 cases were notified, the great majority of which received free treatment at the principal public hospitals.

ASSOCIATION NOTES

To meet the need of protective work, which, especially for women and girls, is subject-matter for an increasing measure of community interest and effort, the New York School of Social Work has announced three courses designed to supplement the foundation courses in social work, penology, and child welfare already offered in the curriculum. These courses are under the direction of Dr. George W. Kirchwey, Head of the Department of Criminology, and they are offered during the Spring quarter, March 29-June 19, 1926, in coöperation with the American Social Hygiene Association and the Girls' Service League of America. The course on protective work for girls will be conducted by Miss Stella Miner, Secretary, Girls' Service League of America; that on police systems, by George W.

Kirchwey; and that on women police, by Miss Chloe Owings, Department of Protective Measures, American Social Hygiene Association. Miss Owings' course will include a brief history of the women police movement, types of organization actually tried in different countries and cities, functions of women police and their relation to the accepted functions of police systems and public protective agencies, and the personnel of women police groups, their selection, training, and qualifications.

* * * *

For the purpose of studying health and social conditions in Florida and of conferring with community leaders on their civic problems, the American Social Hygiene Association coöperated with the Federal Council of Churches in field work during the month of March. Jacksonville, Lakeland, St. Petersburg, Clearwater, Orlando, Miami, and West Palm Beach were some of the more important cities visited. Dr. Eugene L. Swan of the Department of Educational Measures and Mr. Ray H. Everett, Director of the Department of Public Information, were the American Social Hygiene Association's representatives. Among the other speakers were Rev. Worth M. Tippy of the Federal Council's Commission on the Church and Social Service, Professor Alva W. Taylor, Secretary of the Board of Temperance and Social Welfare of the Disciples of Christ, and Dr. John W. Elliott, Director of Social Education of the American Baptist Publication Society. The chief subjects discussed in the conferences were: The education of young persons in matters relating to sex; the strengthening of the week-day program of local churches, especially the development of churches as centers for the life of young people; the social and religious needs of tourist visitors to Florida; and the relation of the community organization to the moral and social phases of community life. After the meetings in Florida Dr. Swan, Dr. Tippy, and Dr. Taylor went to Cuba for a series of conferences with social and religious leaders and with government officials.

* * * *

A social hygiene lecture to a different group of young people in New York City every fifth day was the average maintained during 1925 by the Association in coöperation with the New York Health Speakers' Service. Seventy talks were given in all, the audiences including clubs, church societies, high schools, and general groups. "Intense interest," "very effective," "finest talk ever heard," "ex-

cellent lecture" are some of the comments reported to us by the Service.

* * * *

The second annual Olivet Conference is to be held at Olivet College, Olivet, Michigan, August 1-28, 1926, under the auspices of the Fellowship for a Christian Social Order. The conference will devote one week each to four groups of problems in the following order: economic, international, interracial, and family. The discussion method will be used throughout the conference. It is planned to have from 12 to 15 leaders present each week who will be prepared to share their experiences with the delegates and to speak upon the points under discussion. Dr. Edith Hale Swift of the American Social Hygiene Association is scheduled to attend this conference as a leader in the discussions.

On Wednesday, April 7th, at 11:10 A.M., Dr. Swift gave a radio talk over station WEAJ. This was part of a program for young mothers and Dr. Swift's subject was *The Homemakers of To-morrow*.

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From February 2d to March 8th, Miss Chloe Owings of the Department of Protective Measures was in the Middle West visiting Oberlin College, the University of Illinois, Knox College, the University of Kansas, Washington University in St. Louis, and Ohio University at Athens, Ohio. Miss Owings was interested particularly in the machinery which has been set up in the different colleges to meet constructively the students' needs outside of the classroom, to learn what these needs are, and how they are actually being solved. This involved conferences with deans of men and women, various faculty committees on student affairs and discipline, persons in the departments of psychology and physical education, presidents of the student associations such as student councils and honor societies, the Y. W. C. A.'s, Y. M. C. A.'s, and various other individuals both in the faculty and in the student groups. Previously, Miss Owings had visited at Smith, Vassar, Amherst, the Georgia School of Technology, Agnes Scott College, and the University of North Carolina, and later she will go to Swarthmore College.

THE FORUM

The JOURNAL will publish selected letters or excerpts considered of general interest, assuming no responsibility for the opinions expressed therein. Communications must be signed, but publication of signatures will be withheld when so requested.

Woronoco, Mass.

To the Editor:

February 24, 1926.

The communication of S. T. in the October JOURNAL concerning "race suicide as the dry-rot of modern civilization" is a reminder of another kind of rot.

"Children are the basis of the state's future, and its first duty is self preservation." Where, may I ask, does S. T. get the wierd theory that society is the servant of the state instead of the state being the servant of society, and that society must continue to perpetuate itself in order that it may perpetuate the state? Or, in fact, that society is under any obligation to perpetuate itself at all?

"How are we going to get along without the offspring of the relatively incompetent inasmuch as none of the parents of more normal folks are willing to have their children devote their lives to ditch-digging and sewer-cleaning?" S. T. asks.

"An income tax assessed upon all who do not become the parents of three children each . . . higher upon women than upon men because the deterrents to parenthood are greater with the female than with the male," S. T. would advocate.

To many what seems the greatest tragedy of the time is that thousands to-day are denying themselves the supreme joy and satisfaction of parenthood, that crowning chapter in the developmental process of the human individual, rather than inflict upon a new and helpless being the life of grinding toil and destitution which is the unescapable and hopeless condition of the great majority. A life so barren of normal human satisfactions that anyone with human intelligence and compunction must hesitate to inflict it.

But to *advocate coercing* people into breeding—even including the "relatively incompetent"—in order to perpetuate a "ditch-digging, sewer-cleaning" class for the convenience of another class is a relic of chattel slavery which it was reasonable to suppose even the present social order was incapable of. If this is the best the human race can do the sooner it commits suicide the better.

MARSHALL D. SMITH.

BOOK REVIEWS

THE SOCIAL WORKER'S APPROACH TO THE PROBLEM OF VENEREAL DISEASE. Published by the Committee on Venereal Disease of the Charity Organization Society of the City of New York, 1925. 26 p. \$.25.

This statement on a subject of much importance to sanitarians is a most valuable and authoritative one. Dr. John H. Stokes, in his foreword, says, "The social worker and the follow-up system in dealing with venereal disease are part of medical research; in fact, the importance of observation and of the ability to follow the patient over a period of years is more vital in the problem of syphilis than in any other aspect of medicine."

The introduction outlines briefly and crisply the need for, and value of, social service follow-up in the control of syphilis and gonorrhea. As one illustration a study by the New York Association for Improving the Condition of the Poor is cited, the pregnant women living in eight city blocks on the middle west side (a colored district) being the objects. The Society states that of the 1224 pregnancies, coming under their supervision, 286, or 23.3 per cent, were apparently complicated by syphilis. A study was made of the previous pregnancies of these women, and it was shown that they had ended in miscarriages and still births in 20.8 per cent of the total number. The Society made an earnest attempt to get these women, while under their care, under treatment for syphilis. This effort was only partially successful but even with partial treatment the percentage of miscarriages and still births was noticeably diminished (to 11.1 per cent).

A useful chapter on "Terminology as Used in Venereal Disease Work" makes up the second section of the booklet and a discussion on "Infection" (when, how, and where it exists and is transmitted) follows. The two remaining sections deal with "The Case Worker's Approach" and "The Relation of the Social Worker and the Hospital in the Attempt to Control Venereal Disease." The book recommendations and the case histories outlined add to the merits of this report.

The Committee responsible for the preparation and publication of this material deserves much credit for the resulting brief, readable, and practicable suggestions.

R. H. E.

WINNETKA GRADED BOOKLIST. By Carleton Washburne and Mabel Vogel. Chicago: American Library Association, 1926. 286 p. \$1.75.

One of the serious questions for all adults having to do with the culture of children in the elements of effective character is to get the necessary facts, ideas, and opinions incorporated into suitable reading matter. "Suitable" means that this reading matter must be in such form as will appeal strongly to children at their own level, and affect them so favorably in the reading as really to make an impression and to influence their attitudes both by way of their emotions and their thinking. Unless we can get our materials into books which the children of various ages will select and read and like, we cannot hope to influence them profoundly.

This booklist of about 700 books is distributed through all the grades from the third to the tenth. That is, from ages 8 to 13. Within each grade the books are arranged in the order of their popularity with the children. Those books highly approved by a group of coöperating librarians are starred. Books that were definitely trashy or unsuitable, even though widely read, are not included in the list.

The study was made through the coöperation of 36,750 children of both sexes in 35 schools and school systems widely distributed through the nation. The ages of the school children were known. Their grade of reading ability was determined and the books submitted to them were within the range of their reading ability.

The general purpose of the study was to determine what books are read and enjoyed by the children and to find the age and grade of reading ability involved in the enjoyment of each book. The methods of determining these facts are ingenious and reasonable. The reader must be referred to the book itself for specific information concerning the preferences of the children.

One study which may be referred to here was to determine the grounds on which children select or reject books for reading. Among the reasons offered by children themselves for choosing books, "liked the topic" ranks highest; "liked the pictures and liked the type of story" tied for second place; "liked books" was third; "liked title," "had read one by the same author," "had read before" tied for fourth place. Summing up this particular study, 37 per cent of the books were selected on the basis of appearance and 56 per cent on account of impressions gained about the subject-matter. In a similar

list of books rejected, 63 per cent were rejected on the basis of their appearance and 37 per cent because of subject-matter.

This study ought definitely to aid those who are seeking to bring combined entertainment and instruction to children in a form which will be most effective.

T. W. GALLOWAY.

BRIEFER COMMENT

DESIRABILITY OF SEX EDUCATION FOR ADOLESCENTS. By Albert Pfeiffer. New York State Department of Health Coöperating with United States Public Health Service, 1925. 12 p.

A paper read at the twenty-fourth annual conference of health officers and public health nurses, Saratoga Springs, June, 1925. The paper states that, "Facts, scientific knowledge, must always be the surest protection of adolescents. Ignoring facts leads them so often to neurasthenia, perversion, vice, and disease."

DIE BEKÄMPFUNG DER VENERISCHEN KRANKHEITEN IN SOWJETRUSSLAND. By Hans Haustein. Reprint from *Münchener medizin. Wochenschrift*, 1925. Nr. 42, s. 1783-1786. 12 p.

The pamphlet deals with the question of what the Soviet Government of Russia is doing in its campaign against venereal diseases. It mentions that the Narkomsdraw, the Commissariat for Health, has established in its office a headquarters for the suppression of social diseases, with a subdivision for a campaign against sex diseases. This article explains in detail the program of work and outlines the penal law covering sexual offenses.

PROCEEDINGS OF THE TENTH ANNUAL CONFERENCE OF THE INTERNATIONAL ASSOCIATION OF POLICEWOMEN. Toronto, Canada, June, 1924. Washington, D. C. 63 p.

The annual report and conference papers dealing not only with the different phases of the policewoman questions but with other social subjects on a broader scale such as neglect of mental hygiene, work of visiting teachers in preventing delinquency, etc.

A SELECTED LIST OF BOOKS FOR PARENTS AND TEACHERS. Report of the Parents' Bibliography Committee of the Child Study Association of America, Inc., 1925. New York: 48 p. \$0.25.

This list was prepared to meet the requests for information concerning books of special value to parents and teachers. The list is annotated, and is classified under such subjects as physical care of mother and child, child study, psychology and sociology, heredity and eugenics, sex education, the unadjusted child, fiction and biography dealing with child life.

A STATISTICAL STUDY OF 60,000 CASES OF VENEREAL DISEASE. By W. J. V. Deacon, M.D. Washington, D. C.: United States Government Printing office, 1925. Venereal disease bulletin 79. 24 p. \$.05.

It seems fair to assume that these cases furnish a reasonably accurate cross-section of the actual conditions found in the general population, and that this

study may be considered as portraying age and sex distribution of venereal disease in the Michigan population and probably throughout the United States, except possibly in the South where the Negro population is an important factor.

PUBLICATIONS RECEIVED

Under this head the JOURNAL OF SOCIAL HYGIENE lists publications received and not reviewed. Those which fall sufficiently within its field and are of sufficient importance to its readers to warrant comment will be reviewed in later issues.

BIENNIAL SURVEY OF EDUCATION, 1920-22. Volume II. Department of the Interior, Bureau of Education. Washington, D. C.: Government Printing Office, 1925. 753 p.

EXTRA-CURRICULAR ACTIVITIES IN THE HIGH SCHOOL. By Charles R. Foster. Richmond, Virginia: Johnson Publishing Company, 1925. 222 p.

FEDERAL NARCOTIC LAWS. A Digest and an Editorial Article. Los Angeles, California: Los Angeles County Medical Association, 1925. 45 p.

HYGIENE OF SEX. By Max von Gruber. Baltimore: The Williams and Wilkins Company, 1926. 169 p.

INDIVIDUAL GYMNASTICS. A Handbook of Corrective and Remedial Gymnastics. By Lillian Curtis Drew. Philadelphia: Lea and Febiger, 1926. 276 p.

INTERNAL SECRETIONS OF THE SEX GLANDS, THE. The Problem of the "Puberty Gland." By Alexander Lipschütz, M.D. Baltimore: The Williams and Wilkins Company, 1924. 513 p.

INTERNATIONAL HEALTH BOARD OF THE ROCKEFELLER FOUNDATION. Eleventh Annual Report, January 1, 1924-December 31, 1924. New York: The Rockefeller Foundation, 1925. 179 p.

OTHER PEOPLE'S DAUGHTERS. By Eleanor Rowland Wembridge. Boston: Houghton Mifflin Company, 1926. 333 p.

PROCEEDINGS OF THE TENTH ANNUAL CONFERENCE OF THE INTERNATIONAL ASSOCIATION OF POLICEWOMEN. Toronto, Canada: June, 1924.

REVOLT OF MODERN YOUTH, THE. By Judge Ben B. Lindsey and Wainwright Evans. New York: Boni and Liveright, 1925. 364 p.

SILICOSIS. A Résumé of the Literature Arranged for the Use of the Physicians in the State of New York. Prepared by Leland E. Cofer, M.D. Albany, N. Y.: Department of Labor, Capitol, Albany, 1925. 68 p.

SOURCE BOOK IN HEALTH AND PHYSICAL EDUCATION. By Thomas D. Wood, M.D., and Clifford L. Brownell. New York: The Macmillan Company, 1925. 590 p.

UNDERSTANDING OUR CHILDREN. By Frederick Pierce. New York: E. P. Dutton and Company, 1926. 198 p.

WINNETKA GRADED BOOK LIST. By Carleton Washburne and Mabel Vogel. Chicago: American Library Association, 1926. 286 p.

YOUTH LOOKS AT THE CHURCH. Addresses, Questions, Discussions, and Findings. National Interdenominational Student Conference, Evanston, Illinois, December 29, 1925-January 1, 1926. New York: The Abingdon Press, 1926. 220 p.

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HOMEMAKERS OF TO-MORROW *

EDITH HALE SWIFT, M.D.

American Social Hygiene Association

Are you thinking this is a strange subject to be discussing with young mothers? You are probably very busy making your own home, which, no matter how old, always has some pressing task. Perhaps you have just given the baby his bath, put him down for his nap, breathed a deep sigh of relief as you rushed off to "tune in," and are now saying—" 'To-morrow's homemakers?' I want to know how *I* can make a home." Precisely! I mean to remind you that the kind you now make is determining those your children will build.

Most mothers appreciate to-day that experts have been bringing us repeated evidence that much of the health of the future depends on the care of the early years. Probably you all have a skilled doctor on call to advise you so that your child's body will be well formed, carefully nourished, and resistant to disease. In addition to that, you read mother's columns in newspapers and magazines. There are so many helps to-day. All of you, listening in now, feel that the care of your children is more important than anything else in all the world, and you are not neglecting them physically. Most of you bathe, feed, exercise, and induce them to sleep to an adequate

* Radio talk broadcasted by station WEAf, April 7, 1926. This was part of a program arranged for young mothers.

degree of bodily health—and though, as a doctor, I would not minimize their importance it is my special task this morning to have you see that you have not fulfilled a tenth part of your duty to your child and his future when you think only of his animal needs. What of the little grooves that are being made in his brain by the things he is doing, thinking, and feeling each day? If we could take a little brain in our hands—a brain that had as yet no thoughts or feelings—and be privileged to draw little channels along which it should think, feel, and act forevermore we would appreciate how important the task is. Before we dared start on a single line we would read all the books and pamphlets we could lay our hands on. We would consult experts and friends, and leave not a stone unturned to find the best way for that brain to act. But, mothers, do you realize that that is just what we are doing to a little brain, covered only by a thin layer of bone, by what we allow that child to experience? How quickly the grooves deepen and extend in those days before words convey ideas! Want something? Cry! Fail to get it? Scream and kick. One little girl of my acquaintance had had another groove builded by her careful mother, and she was caught instructing her newborn baby sister, “Well, Sally, you’d better learn right now that you never get anything in *this* house by crying.”

Each day the child will have new wants, new interests, and seek to satisfy them. His wants and interests won’t vary much from those of other children—but the way he satisfies them depends for a long time on you. Those ways mean habits of action and of feeling, and those habits make his character. No wonder, then, when a young man and woman go wrong society asks what kind of home and mother there had been! It seems a little unfair at first when we see that churches and schools and friends also influence our children profoundly. Then we hear those who are studying the mind say, “Yes, but the first five years lay the patterns.” We sigh with the weight of our burden. It is so much easier to

care for his body than his mind, and besides it isn't always easy to know what is wise and good, as we do about food and sleep. Now I cannot in the time I have try to do more than interest you in the problem, convince you of a need, and tell you that the American Social Hygiene Association stands ready to help.

First, what patterns is your baby forming? Remember, he is ushered into a gigantic universe without a book of directions. He is helped a little in his bewilderment by inborn drives which make him want to live and take a part in the scheme he finds himself in. But he can neither see nor understand them except as those close to him interpret them. One of the big lessons he must learn is that he has the double problem of satisfying himself and those around him, first in the home and later in society. When mother smiles and looks happy, when he has taken the food to his mouth with a spoon instead of by the quicker hand method, he has made a little groove in his brain which might be interpreted: "Pleasing mother more fun than pleasing hunger any old way." Thus he makes a high step toward satisfying his desires in ways approved by society and adds thereby to the sum total of his satisfactions. Contrast that with the pattern: "Make mother unhappy and nervous enough—then I'll get what I want."

These experiences are manifold throughout the day, patterns made, and character formed. His mother or his home becomes the type of all mothers and all homes, and long before he can speak or understand language he has the beginning of attitudes and tastes which will color his later life. If his body and clothes have been kept clean the early words may include, as he holds up a soiled hand to be washed, "dirt, dirt." Or alas! he may have grown to be ashamed of his body and cry "cover up" as he slips into his union suit. Many mothers allow shame instead of simple modesty to be grooved in the brain, and the child grows up thinking all is not exactly as it should be with him. This is a bad beginning

for the day when he will be asking how was man made? And where did he come from?

Have you thought how you would answer him? If he or she is four or five it will come any day now. Are you going to look embarrassed and let the quick intuition of the child sense that you feel something is wrong about the way he was made? Are you going to lie to him and be proved a liar when in a year or two he goes to school and spends five minutes with a gang on the street corner? Are you going to drive him to such a source for his answer by saying, "you mustn't ask questions like that; they're not nice," or are you going to begin the story of life with wonder and reverence in your voice and manner and let him deepen the love he has for mother, and begin to build a regard for womanhood and concern for the future home? Perhaps you are saying like one poor ignorant woman who murdered the King's English but had a mother's heart just the same, "Nobody never told me nothin'. I ain't got no pretty words to tell no story with." But there are books and leaflets to help you put a big story into simple words—if only you will believe that a child has the right to an honest answer to his questions and such explanations as will lead him to value his parents, his home, and himself more, and bring him a dream of what future days may mean to him. Some of you may be held by the foolish thought, "what if my little girl or boy should say something in front of Mrs. So and So?" Your neighbor is probably thinking the same thing.

More mothers are doing real social hygiene work with their little folks than you know, unless you belong to an organization like ours that gets hundreds of requests every day for help on this side of educating children and young people. But perhaps your neighbor hasn't thought this thing through and decided not to let evil-minded people or viciously informed youngsters do the educating. The decision will be simple for you if you ask yourself the question, "which do I care for more, my neighbor who may pass out of my life to-morrow,

or my child, nearer and dearer to me than all my neighbors put together, and who has a right to all the help I can give him?"

If we are thinking about the homemakers of to-morrow, we will remember that experiences face them for which there is at present scant training. Homemaker, except in a large and extended sense, means a parent, and most of our young people enter marriage with little or no understanding of its mission. Instead, they have through a neglect in their childhood a false attitude that something is wrong in the way the world was arranged. The things they are about to experience have been lied about by their parents, grinned at by their companions, and joked about in print. How is the ideal that has crept around the edges in spite of that treatment to emerge into a happy and successful marriage and home? What chance will they have had to steer their way through stimulating reading matter and movies and cheap surface contacts of young people, to a happy choice of a life's companion? Homes may not be able to give all the help needed; schools and churches must be made to assist. But the fact remains that before assistance can come, we, their mothers, may have made it almost impossible.

Upon us devolves the establishment of healthy attitudes toward life processes, and the imparting of such knowledge as is necessary for the background of all sound ideals. No place like the home sets the child favorably or otherwise on life's roadway. What are you doing then to-day to meet your children's spiritual and mental needs as well as their physical ones?

SEX EXPERIENCES OF BOYHOOD *

WALTER L. HUGHES

North Carolina State Board of Health

The study of the sex experiences of boyhood, of which this is a summary, was conducted during 1920-21 in the State of North Carolina, under the supervision of the Bureau of Venereal Diseases of the State Board of Health, coöperating with the United States Public Health Service.

Four reasons prompted the study. First was the urgent need of further data, scientifically assembled, which would record and visualize the sex experiences of boyhood and young-manhood. The only such work of real value existent was that of Dr. Max J. Exner,¹ who conducted his survey among college men during 1913. The second reason grew out of the first. Having so little data of scientific nature, the general conception of the sex experiences of youth was based largely upon introspection and was highly impressionistic. What data there was outside of Exner's study had been gathered for the most part from the professional experiences of doctors. Such data of necessity recorded the experiences of boys abnormal enough to warrant medical attention. From pathological data it is very difficult to arrive at a knowledge of the normal sex experiences of the average boy. Another consideration was the desire to see if some of the figures obtained by Exner might be corroborated. Nearly a decade had passed since the first investigation and it was thought that a second

* This publication is an abstract of a detailed report. The original manuscript has been filed under the author's name in the National Health Library, 370 Seventh Avenue, New York, N. Y. The abstract was prepared by Mary S. Edwards, Research Secretary, American Social Hygiene Association.

¹ *Problems and Principles of Sex Education*. By Max J. Exner, M.D. New York: The International Committee of Young Men's Christian Associations, 1915. 39 p.

study might show changed conditions. A fourth reason was the unusual opportunity to make such a study offered in the State of North Carolina. In this state the population is almost entirely American-born, and it was not necessary to meet the difficulties arising in a study of a cosmopolitan boy population. Furthermore, the educators of the state endorsed the undertaking, and nearly everywhere, access was given to schools.

A carefully prepared schedule of questions and an outline of the method of presentation of the schedule were submitted to interested organizations and individuals for criticism. The perfected questionnaire was then placed before groups of boys which, as a whole, represented a cross section of the state's boyhood—high school boys, mill boys, and preparatory school boys. Boys from farm homes were well represented in the first group, since this included many students in the smaller rural high schools. The majority of boys selected for the study were of the ages fifteen to twenty. This age of older boyhood represents the period when boyhood has just emerged from its introduction to sex consciousness, and is living through a period of sex urge and moral strain. A random selection of individual boys was accomplished by having all the upper classmen in the schools questioned, and all the mill boys within the specified age-limits attending the public health meetings. Of the mill boys, however, only those who could write, about one-third of the number reached, were able to furnish answers. The questionnaire was always used following a presentation of the "Keeping Fit" exhibit issued by the United States Public Health Service with the coöperation of the American Social Hygiene Association. The exhibit created the atmosphere necessary for the boys' proper consideration of the subject. The questionnaire was submitted without previous warning, and with an appeal to the boys for perfect honesty. The questionnaire was not to be signed and a promise was made that the written answers would be treated with the greatest care and confidence.

Questionnaires were returned by 1029 boys. Of this number 667, or 65 per cent, were high school boys; 286, or 28 per cent, were preparatory school boys; and 76, or 7 per cent, were boys employed in mills.

Introductory questions revealed certain information of a general nature. Both high school and preparatory school boys were, on the average, slightly past completion of the junior year in school. The average age for the whole group was found to be 17.5 years; for high school boys, 16.9 years; preparatory school, 18.7 years; mill boys, 18.0 years. Ages were reported as in the following table. Nearly three-fourths of the group, it is seen, ranged between 16 and 18 years.

Age	Number of boys replying to question	Per cent in each age group
14 years.....	5	.5
15.....	71	7.3
16.....	211	21.8
17.....	263	27.1
18.....	203	20.9
19.....	108	11.2
20.....	52	5.4
21.....	29	3.0
22.....	20	2.1
23.....	5	.5
24.....	1	.1
33.....	1	.1
Total.....	969	100.0

The subject of the first introduction of sex consciousness into the life of the boy was approached from three different angles—age, cause, and result. Nine hundred and fifty-one, or 92 per cent of the whole group, answered the question, “At what age did you first become conscious of sex in such a way as to have it become an item of your thought and a matter of occasional conversation?” In the replies, individual ages given ranged from 9 to 16 years.

The number of boys replying to the question, “What circumstances brought sex to your consciousness?” was 627, or

60 per cent of the total group. In all three groups the most frequent circumstance described was first, "boys' talk," second, "girls," although what aspect of "girls" is not stated. About 78 per cent of the boys stated that sex had been brought to their consciousness by way of the "boys' talk" route. Ten per cent designated "girls" as the cause of bringing sex to their attention. About 4 per cent received their introduction through parents and other competent adults. The remaining 8 per cent of the group mentioned various activities and observations, natural and accidental. These percentages approximate closely those of Exner, who obtained 85 per cent for "boys' talk," and 4 per cent for "parents and competent adults."

Thus it can be seen that the vast majority of boys owe their first introduction to sex matters either to the treacherous way of the street, or uncertainties of chance, while only an insignificant proportion receive their first education from reliable sources. Less than one-third, 320 boys, replied to the question, "How did this introduction of sex to your consciousness influence your life? How did it affect you?" A grouping of these replies indicates that to 74 per cent the introduction was bad in effect, to 5 per cent, good, and to the remaining 21 per cent, of little effect. These percentages corroborate similar data in the Exner report; respectively, 79 per cent, 9 per cent, and 12 per cent.

The subject of masturbation was studied in detail to find out the relative prevalence of its practice in different age groups, and its influence on the life of the boy. In any comparisons by school and occupation groups it should be remembered that the preparatory school boys were two years, and the mill boys one year older than the high school boys. It should also be remembered that the reporting groups in the preparatory school and mill boys are too small for fine comparisons to be drawn. Eighty-five per cent of the whole number reported they had, at some time, practiced masturbation.

About 70 per cent of the whole group replied to the ques-

tion regarding frequency of masturbating. For the whole group the average was about 6 times per month. The practice was continued among the whole group from two to four years.

Figures obtained from the last three questions indicate that there was more indulgence among mill boys than among school boys, and that the frequency of masturbation was highest and the length of time the practice was continued was longest among mill boys. These comparisons, as previously suggested, should be viewed with caution.

The next question, "Do you yet masturbate?" was answered by 813 boys, or 79 per cent of the total group. Undoubtedly this question of the whole schedule provided the severest strain on veracity. The percentage of affirmative replies for the whole group was 24 per cent. It is possible that larger percentages would have resulted if all the boys had answered.

As to the age when the practice was begun, the largest number reported 14 years. Individual replies varied between 8 and 17 years. Up to 12 years of age, only a small number of boys had commenced masturbation. Beginning at 12 years the number rapidly increased up to 14 years, by which age 67 per cent of those reporting had commenced the practice. The number commencing rapidly declined after 14 years.

Slightly over one-half of the total group replied to the next question, "What led you to begin masturbating?" The chief inciting cause appeared to be "boy's example" and "boy's talk." These two things together constituted 67 per cent of the replies. Other replies attributed the beginning of masturbation to "girls" (8 per cent), "sex thoughts" (7 per cent), "sex desires" (6 per cent), "curiosity" (4 per cent), "pictures of girls," "erections," "night emissions" (each 1 to 2 per cent), "idleness," "an old man," "a teacher," "swimming," "a book," "shows," "animals" (each less than 1 per cent).

Seventy-three per cent of the boys admitting the practice of masturbation at some past time, replied to the question as

to its effect. About 41 per cent replied they had experienced "no effect"; 38 per cent, "weakness" or "laziness"; 4 per cent, "mental agitation"; 4 per cent, "nervousness"; 3 per cent "backache"; 2 per cent, "stunted"; 2 per cent, "loss of self-respect"; 1.6 per cent, "little effect"; 1 per cent, "headache"; less than 1 per cent each, "pimples (or bumps)", "depression," "solitude," and "constipated." Combining these percentages, it can be seen that more than half the number, or 57 per cent, reported that masturbation had an unwholesome effect, while the remaining number, 43 per cent, reported the effects negligible. Of course, it is recognized that the boys have no criteria for scientifically judging "effects."

Concerning the general subject of night emissions, similar information was collected and tabulated. The first question, "Have you ever experienced a night emission?" was answered by a larger number of boys than any other question, or 97 per cent of the total number. Eighty-four per cent of the 1001 replies were affirmative (high school boys, 81 per cent; preparatory school boys, 93 per cent; mill boys, 67 per cent). The variation suggests that the groups did not equally understand the question. The most frequent age at which the night emission was first experienced was 15 years. Individual ages ranged from 8 to 19 years. As to the frequency of experiencing night emissions, a study of replies by age groups shows that they continue to occur about twice a month from 15 years of age to 20 years with little variation.

To the next question, "Has anyone ever tried to give you the mistaken idea that sex intercourse is necessary for the health of the young man?" about 80 per cent of the total number replied. Forty-four per cent of the replies were affirmative.

The next group of questions related to the showing of the "Keeping Fit" exhibit, in an attempt to find what reaction it had provoked, and what was its value in the minds of the boys for whose benefit it was presented.

About 95 per cent of the total group answered the question as to whether, previous to the showing of the exhibit, any reliable instruction in sex matters had been received from parents, teachers, or other competent adults. Sixty-eight per cent of the replies were affirmative. Sources of reliable instruction for all three groups were as follows: father, 40 per cent; school, 15 per cent; Y. M. C. A., 14 per cent; doctor, 10 per cent; mother, 7 per cent; adult relative or friend, 5 per cent; books, 4 per cent; church, 3 per cent; Scouts, 2 per cent; druggist 1 reply, less than 1 per cent. A comparison with Exner's results is shown as follows:

Source of instruction	Per cent in Exner's report	Per cent in present survey
Parents, relatives or friends.....	26.0	52.0
Literature (books)	20.1	4.0
School	18.4	15.5
Y. M. C. A.	5.0	14.0
Physician	4.4	9.6

In making the above comparison, it should be noted that the average age of the group studied by Exner was four years older than the group in the present survey, and that they were college men. These differences probably account for the higher per cents in the Exner group reporting instruction from "literature" and "school." On the other hand, in the present survey, over twice as many report that they have received education from "parents, relatives, or friends," the "Y. M. C. A.," or "physicians," as did in the Exner study. This increase probably indicates that in the interval of eight years between the two studies, more adults have come to give their attention to the sex education of young people.

About two-thirds of the number of boys reporting that they had received reliable sex instruction previous to seeing the "Keeping Fit" exhibit attempted to estimate the effect of that instruction upon themselves. Of the group only 26 boys, or 6 per cent, stated that the instruction had had no effect. Of the remainder a large number, 38 per cent, replied; "It

helped me," while others answered variously, "It helped masturbation," "It made me more careful," "It made me more serious," "It kept me straight," "It informed me," "It changed me," "It kept me fit," and "It gave me higher ambitions."

About 63 per cent of the total group answered the question: "Did the 'Keeping Fit' exhibit affect in any way your attitude toward sex?" Eighty-six per cent answered "Yes." Of the 720 boys replying to the next question, 90 per cent stated they had obtained new information from the exhibit.

The next question, "If new information was received from the exhibit, indicate those subjects about which you have learned something," was answered by about 75 per cent of those who had received information. Answers were tabulated as follows: sex organs, 453 replies; venereal diseases, 437; constipation, 390; sex intercourse, 389; masturbation, 370; emissions, 352; bathing, 347; eating, 343; exercising, 306; sleeping, 279.

The above ten subjects were listed on the questionnaire and the boys were asked to indicate with a check those subjects about which they had learned something. About 75 per cent of the boys, who had replied that information had been received, answered this question.

The question, "Do you now feel sufficiently informed?" was answered by 848 boys. Of this number, 75 per cent felt they were sufficiently informed, 25 per cent that they still felt need of further education.

Of the 658 boys answering the question, "Have you ever worried any about any matters relating to sex functions?" 50 per cent stated that sex, in one way or another, had become at some time a worry to them. The cause of that worry was given by about half the boys answering "Yes" to the question. These worries listed in order of their frequency were: masturbation, emissions, girls, venereal diseases, genitals, sex necessity, babies, pimples (or bumps), and erections.

A few general questions concerning sex-social relationships

concluded the questionnaire. Only 39 per cent of the group answered the first of these, "What is your honest opinion, from your own experience, of the effect on you of dancing with girls, in your endeavor to live a wholesome, clean life?" Boys were requested not to reply unless they did dance, and if they did reply, they were to try to forget such information they might have received outside, and answer from their own experience. Replies were distributed as follows: good effect, 4 per cent; effect depends upon the girl, 8 per cent; effect depends upon dance, 12 per cent; no effect, 42 per cent; raises sex desires, 16 per cent; a great temptation, 4 per cent; a bad effect, 14 per cent.

Any attempt at summarizing depends upon the two varying effects, dependent upon the kind of girl, and the kind of dance. When these are looked upon as "good," then 66 per cent of the boys may be considered as stating that dancing may be compatible with clean living. If the varying effects are placed on the "bad" side of the balance, then 54 per cent of the boys may be said to believe dancing to be harmful. As to the effect of "girl shows" whether on the screen or on the stage, the 608 answers, arranged in order of their frequency, were: bad effect, 40 per cent; no effect, 25 per cent; raises sex desires, 25 per cent; sends to a woman, 4 per cent; a great temptation, 3 per cent; disgust, 2 per cent; leads to masturbation, 1 per cent; good effect, less than 1 per cent. The combined percentages indicate that 75 per cent of the boys looked upon this variety of entertainment as unwholesome.

The question, "Is your high school life and association a help or a hindrance to you in your endeavor to live a wholesome, clean life? If you are not attending school, answer the question in regard to your place of work," was answered affirmatively by 86 per cent of 841 boys. Daily associations were said to be "helpful" by 658 boys, for reasons distributed as follows: helpful—because of associations with boys, 28 per cent; of associations with girls, 20 per cent; of teachings of the school, 17 per cent; "it occupies my time," 11 per cent;

"it keeps me away from girls," 9 per cent; of the ideals of the school, 4.5 per cent; of the athletics, 4.5 per cent; of the associations with teachers, 3 per cent; of a sweetheart, 3 per cent. Daily associations were said to be "harmful" by 80 boys. Reasons given were: harmful—because of associations with boys, 56 per cent; of associations with girls, 35 per cent; of girls' clothes, 8 per cent; of idle time, 1 per cent.

SOME IMPRESSIONS GROWING OUT OF THE STUDY.—The study confirms that made by Dr. Exner in 1915, by showing that nearly all children at an early age receive sex impressions and information which determine attitudes and behavior. The average age at which the boys in the present study became "conscious of sex" was 12.5 years. In the earlier study the average at which first permanent sex impressions were made was 9.5 years. The different results are probably due to the difference in the form of questions asked. In the present study the question was: "At what age did you become conscious of sex in such a way as to have it become an item of your thought and a matter of occasional conversation?"; in the earlier study, "at about what age was the subject of sex first brought in a striking way to your consciousness—that is, in such a way as to make a permanent impression?"

Both of these studies show that the home, the school, and social agencies leave sex education in the early years, mainly to the street. The present study shows that 78 per cent of the boys received their first knowledge of sex from other boys. This may be compared with the 85 per cent in the Exner study.

Both studies show that the effect of early haphazard instruction from the environment is distinctly bad. In the present study 74 per cent of the boys stated that the influence of this early information had been bad, as compared with 79 per cent in the earlier study. Obviously, parents and teachers do not have the choice as to whether or not children shall receive sex education. That they do receive it is inevitable. However, parents can choose the kind of education which will make the dominant, character-forming impressions. They can

forestall the sex impressions of the street by giving to their children at an early age, correct information and normalizing interpretations.

This and other recent studies indicate that the practice of masturbation is very general at some period of boyhood. This study also shows that the practice is distinctly influenced by environmental conditions, the chief inciting cause to the boy being misguidance by boy playmates. The average age at which masturbation was begun was 13.4 years. Study of different ages showed that a large group, 24 per cent, had commenced the practice by the age of 12, 40 per cent by the age of 13, and 67 per cent by 14, at which age it is seen that almost three-fourths of those masturbating had commenced the practice.

It would be incorrect to conclude from these and other data that the practice of masturbation is inevitable. It can only be stated that there is a tendency toward it, and that our present training does not effectively check it. In pre-adolescence the principal factors leading to the practice are undoubtedly natural sex curiosity, natural tendency to sex play and experimentation, stimulation by environmental conditions, especially misguided playmates, and general absence or inadequacy of counteracting education. Experience seems to show that both the inherent and environmental factors can be counteracted by appropriate and timely teaching. While there is yet no adequate basis for tabulating the effectiveness of such education, those who have handled the problem with boys are confident that a substantial proportion of the practice of masturbation can be avoided by means of timely educational guidance.

Involuntary nocturnal emissions are almost universal among boys. They are natural and harmless phenomena, except when abnormally stimulated to excessive frequency. The tendency of boys, in the absence of timely instruction, to look upon emissions as abnormal and harmful, and to

experience great distress of mind over them, further emphasizes how imperative such instruction is.

The present study seems to indicate that definite progress has been made in the promotion of sex education in recent years. Apparently a much larger proportion of this group of boys had received some sex instruction from responsible adult sources than had other groups studied eight or ten years earlier.

This study agrees with that of Exner in showing that according to the boys' own statements such instruction is generally helpful. At least 94 per cent found it effectual to some extent. This is encouraging when the fact is taken into consideration that much of the instruction was probably fragmentary, crude, and ill-timed. A hopeful outlook exists for the time when sex education shall have actually become an integral part in the educational programs of home, school, and social agencies dealing with the young.

SEX LIFE OF THE WORKERS OF MOSCOW *

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The questionnaires to be answered anonymously, which have been sent out in the past, reached groups belonging to the higher institutions of learning, the secondary schools, and physicians. The results of such inquiries among the student groups of Moscow, Kharkov, and Breslau, and students in the higher military training schools, and physicians are available for comparison with other similar group inquiries.

Until a short time ago such questionnaires were not sent out among workers. That the sex life of the workers was not studied until recently is explained by two circumstances:

First, in prerevolutionary days this group of the population did not come into the field of the investigators and did not, to any such degree as now, call the attention of the investigators to itself; secondly, the difficulties of carrying on an inquiry concerning sex life among a large mass of uneducated people are very great.

The first attempt to obtain some information regarding the sex life of workers was made in 1922 by Dr. Helman, who sent out questionnaires to 1600 people, mainly of peasant and proletarian origin (hereinafter referred to as the peasant group) attending the Sverdlov Institute. Since 1922, however, the peculiar conditions of war times and the subsequent

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This article presents sidelights on some aspects of social and public health experiments now being carried on in Russia. The unusual character of some of the methods employed in these experiments make them of more than ordinary interest. The JOURNAL, as with all articles, publishes this contribution on the responsibility of the author.

years of roving and wandering have left their imprint on this group, markedly changing the habits of their sex life.

The present questionnaire reaches a distinct group of workers directly engaged in industry, who for many years have retained unbroken connections with the factories, plants, and similar places of work.

Before stating the results of this inquiry, we should emphasize the fact that the investigation was *not* dissociated from all our prophylactic and preventive work, but was used to a significant degree as an important means of focusing the attention of the workers on the question of venereal diseases and social hygiene in general. Agitation for the questionnaire and the explanation of its questions and content gave us the opportunity of making our work concrete and alive, of bringing home to the workers the main substance of our program, and, mainly, of bringing an ever widening circle of workers within the sphere of our influence.

Questionnaires to be answered anonymously are generally preceded by sanitary educational propaganda work of fairly long duration. In this instance six or seven lectures were given on the subject of the venereal diseases and the problems of conquering them, and prostitution. Bulletins from the sanitary courts were printed on the local bulletin boards and posters displayed explaining to the workers the importance of filling out the questionnaires carefully. Intensive educational work was conducted with young people. Instruction in industrial welfare was given to the members of health associations and to labor delegates. Altogether about 5000 questionnaires were collected.

In this article we give the results of a tabulation of 1450 accepted questionnaires reaching different groups of workers, including the following: 530, from a compact group of highly skilled metal workers; 520, from printers, workers of a high degree of literacy and education; and 400, from unskilled workers. (These last 400 questionnaires were chiefly from backward and partially literate individuals, who, to some

extent, have preserved their ties with the rural districts. There were 100 textile workers, 100 bakers, and 200 workers in the paint industry.) The data collected refer to the year 1924 and the first half of the year 1925.

A few words may be said about the questionnaire itself. Considering the semi-literacy of the group investigated, the novelty of and the lack of training for our questionnaire, as well as the possibility of some antagonism, we used an extremely simplified form of questionnaire consisting of a few short, compact questions. The main questions concerned age, civil status, age at first sexual intercourse, demand for prostitution, extramarital sex relations, venereal diseases, source of infection, diagnosis, and treatment.

The investigation was so conducted that complete anonymity could be preserved. That is, the questionnaires were devised so that they could be filled in by means of underlining alone, and when filled in, they were dropped in a sealed box hung out in full view. Those given the questionnaires were continually told that answering them was purely voluntary and no one need do it unless he so desired. No questionnaires were given to those who could not read and write.

The reactions to the questionnaires differed with the education and sanitary knowledge of individuals, and a whole set of local conditions operating among the different groups. Among these were the degree of activity of the local organizations and the authority they had over the workers, and the tact or tactlessness with which at some previous time there had been approaches by the administration to the venereally diseased.

The 1450 questionnaires were answered by the specific groups, as follows:

Metal workers, 52.4 per cent of the whole number in the metal trades asked to reply; printers, 45 to 50 per cent of all printers (rather antagonistic); unskilled workers, 50 to 70 per cent of those asked (slight suggestion of antagonism).

The age distribution of the 1421 individuals who reported, is shown in the following table:

TABLE I. AGE DISTRIBUTION OF 1421 REPLIES

Age	Number of replies	Per cent of total replies
Under 23.....	286	20.1
23-25.....	123	8.7
26-30.....	252	17.7
31-35.....	222	15.6
36-40.....	182	12.8
41-45.....	150	10.6
46-50.....	125	8.8
Over 50.....	81	5.7
Total.....	1421	100.0

The group of persons under 25 years of age constitutes only 28.8 per cent of the 1421 questionnaires answered; the group of middle-aged persons (26 to 40 years), 46.1 per cent; older group (41 to 50 years), 19.4 per cent; and the group of old people (over 50 years), 5.7 per cent. The different age levels in the group offer the opportunity of making certain parallels between sex life, demand for prostitution, and state of the venereal diseases in the growing, mature, and older generations.

The civil status of 1400 individuals furnishing information on the point is as follows: Married, 1030, or 73.5 per cent; widowed, 22, or 1.6 per cent; divorced, 22, or 1.6 per cent; single, 326, or 23.3 per cent.

Of the 1400 answers, 950, or 76.9 per cent, were by literates, and 450, or 32.1 per cent, were by semi-literates. Approximately three-fifths of the semi-literates were unskilled workers and the rest were skilled workers.

The question regarding age of beginning sex relations, elicited 1200 answers. Of these, 1171, or 97.6 per cent, indicated that they had at some time had sex intercourse. Of the latter group 403, or 33.6 per cent, had first had sex intercourse sometime at 17 years of age or under; 603, or 50.3

per cent, from 18 to 21 years; 165, or 13.7 per cent, over 21 years. (Table 3.) The first of these figures may be compared with those obtained in the Kharkov's student questionnaire which shows that 50 per cent had experienced sex intercourse before the age of 17.

A further analysis was made of the early age grouping, and a comparison between the figures thus obtained and figures obtained from Moscow students and peasants is shown in Table 2.

TABLE 2. PER CENT OF DIFFERENT GROUPS BEGINNING SEX RELATIONS AT VARIOUS AGES

Age of first experience	Moscow students	Peasants	Industrial workers
Under 13 years.....	11.9.....	7.5.....	2.6
14-16	39.2.....	34.0.....	16.3
17 or over.....	48.9.....	53.5.....	81.1

Thus it is evident that among the group of individual workers in the present study a considerably smaller percentage began their sex relations very early than among the other groups compared. A tabulation by ages of those answering this question shows that the younger the group replying the earlier the average age at which they reported that sex relations were begun. This indicates either a tendency toward an earlier beginning of sex life among the growing generation as compared with the older ones, or simply that the memory of the older groups was untrustworthy in regard to youthful experiences. The percentage of each age group of industrial workers which had begun to have sex relations before the age of 17 is as follows: Of those not over 20 years, at time of filling out questionnaire, 42.4 per cent; from 21 to 23 years of age, 47.7 per cent; 24 to 25 years, 36.0 per cent; 26 to 30 years, 42.7 per cent; 31 to 40 years, 28.0 per cent; 41 to 45 years, 28.7 per cent; 46 to 50 years, 23.3 per cent; and over 50 years, 17.8 per cent. This, together with the situation as found in all age groups, is shown in Table 3 following:

TABLE 3. BEGINNING OF SEX EXPERIENCE DISTRIBUTED BY AGES OF INDIVIDUALS AT THE TIME OF REPLYING

Beginning sex relations	Number of individuals								Total all ages
	Under 20 yrs.	20 to 23 yrs.	24 to 25 yrs.	26 to 30 yrs.	31 to 40 yrs.	41 to 45 yrs.	46 to 50 yrs.	Over 50 yrs.	
Under 17 years	50	49	36	97	97	37	24	13	403
18 to 21 years	26	40	47	105	211	80	54	40	603
Over 21 years	21	9	16	23	39	12	25	20	165
Had no sex relations	21	5	1	2	..	..	..	..	29
Total	118	103	100	227	347	129	103	73	1200

Beginning sex relations	Per cent of individuals								
	Under 20 yrs.	20 to 23 yrs.	24 to 25 yrs.	26 to 30 yrs.	31 to 40 yrs.	41 to 45 yrs.	46 to 50 yrs.	Over 50 yrs.	
Under 17 yrs.	42.4	47.7	36.0	42.7	28.0	28.7	23.3	17.8	33.6
18 to 21 yrs.	22.0	38.8	47.0	46.3	60.8	62.0	52.4	54.8	50.3
Over 21 yrs.	17.8	8.7	16.0	10.1	11.2	9.3	24.3	27.4	13.7
Had no sex relations	17.8	4.8	1.0	0.9	..	..	..	..	2.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Answers to the question with whom sex intercourse was first had may be classified as follows: With prostitute, 20.0 per cent; with stranger, 7.3 per cent; acquaintance, 50.1 per cent; mistress, wife, or fiancée, 22.6 per cent.

The percentage of those having first had sexual intercourse with prostitutes or strangers (clandestine prostitutes is probably meant) is 27.3. (A smaller group of industrial workers correlated with ages at the time of replying showed 33.5 per cent having first sex relations with prostitutes or strangers. Table 4.) Comparing this figure with the same figure obtained in other inquiries, it is found that in the group of industrial workers prostitution had a less prominent place than in other groups of the population (bourgeoisie, petite bourgeoisie). Helman's peasant group showed 28.4 per cent; the Moscow student group (bourgeoisie, and petite bourgeoisie) 42.0 per cent; and the Breslau students (exclusively bourgeoisie) 55.6

per cent as having had their first sex relations with prostitutes or strangers. Examining the question regarding recourse to prostitution in the industrial group, we find indications of a fairly large demand for prostitution. Of the 1200 persons who had had sexual intercourse, 1050 answered the question as to whether they ever had recourse to prostitution. Of the total answering, 530, or 50.5 per cent, answered in the affirmative. In order to estimate more nearly the percentage of individuals who have had recourse to prostitution, certain corrections must be made in the method of computation. It would be more accurate to base the estimation, not on the total of those answering this question, but on the total number, 1200, who reported having had sexual intercourse. Workers in cases where there was no possible access to prostitution, often did not underline the answer "no" but simply left a blank. Thus the percentage of the total number having had recourse to prostitution falls to 44.0 per cent. If we take only the age groupings in this study comparable with age groupings in other inquiries (it will be remembered that this study showed a very wide distribution of ages, and long sex life), then the percentage of industrial workers having had recourse to prostitution is even lower. Helman's peasant group showed 40.5 per cent as having had some recourse to prostitution; Breslau student group, 93.7 per cent. Recourse to prostitution among the industrial workers, therefore, occupies no small place, although a smaller one than among some other groups studied.

Considering the age distribution of our group (over 70 per cent above the age of 25) we must lay the burden of the fairly high percentage of the recourse to prostitution on the older generation and its past.

In our circumstances, under our marriage laws, and with the gradual crystallization of new forms regarding sex life, the demand for prostitution on the part of the growing generation must, *a priori*, be considerably less than in the older generation. And, actually, when we examine the data con-

cerning a group of 808 industrial workers who had their first sex experience with prostitutes or strangers, and make a distribution by ages at the time of replying, we find a tendency toward decrease in the demand for prostitution in the growing generation. We wish to draw the attention of our readers to this fact and recommend the investigators in this field to check up our conclusions and share their opinions with us in print.

TABLE 4. FIRST SEX RELATIONS WITH PROSTITUTES OR STRANGERS DISTRIBUTED ACCORDING TO AGE OF PERSONS AT THE TIME OF REPLYING

Age	Total in group replying	Number having first sex relations with prostitutes or strangers	Per cent
Under 23	185.....	27.....	14.6
23 to 25.....	96.....	19.....	19.8
26 to 30.....	163.....	67.....	41.1
31 to 35.....	135.....	54.....	40.0
36 to 40.....	104.....	51.....	49.0
41 to 50.....	69.....	34.....	49.3
Over 50	56.....	19.....	33.9
Total.....	808.....	271.....	33.5

The demand for prostitution observed in our group may be explained partly by the fact that the proletarian group, under the conditions of a large city, does not remain isolated, but becomes imbued with anti-proletarian views toward women, entirely alien to it, but inherent in the contemporary bourgeois life. Among those answering the questionnaire there were, for example, those who defended the system of prostitution as a moral phenomenon, and others who were in favor of the establishment of houses of prostitution for hygienic reasons.

Turning to the possibility of waging war against prostitution, we must make clear the factors on which the system is founded. Usually, according to our observation, the masculine half of the audience in justifying prostitution likes to lay the blame for it on bad economic conditions, crowding of many single men in a large city, low wages, the difficulty of achieving, early in life, qualifications and an income sufficient to make marriage and the support of a family possible—these

are the reasons generally given in the justification for having recourse to prostitution.

First of all, it is untrue to state that only the unmarried men turn to prostitutes. According to considerable evidence available there is a very large percentage of married men who patronize prostitutes. Data from the Venereological Dispensary of the Public Health Service for 1924 show that 29 per cent of married men were patronizing prostitutes, whereas 31.6 per cent constituted the total patronizing prostitutes. Consequently they make use of prostitutes almost to the same degree as single men. The statement that the demand for prostitution is conditioned exclusively by difficult economic conditions is also incorrect. According to our questionnaire, for example, the demand for prostitutes does not decrease parallel to the increase in salary of one or another group but rather the opposite.

Thus, of all metal workers who had had sex relations, 45.9 per cent had had recourse to prostitutes. Their average monthly earnings were 110 roubles. Of the printer group, with 90 roubles average monthly earnings, 40.0 per cent patronized prostitutes. Of the unskilled laborers, with 50 roubles average monthly earnings, only 29.6 per cent had had recourse to prostitution.

Undoubtedly the economic structure of the present creates the environmental conditions and the customs governing sex relationships, but it would be incorrect to affirm that necessity and difficult material circumstances directly create the demand for prostitution in every individual case.

It is our conviction that the war against the demand for prostitution, in so far as the latter is not created solely by economic conditions, can bring completely satisfactory results. Among the measures to be used, we recommend the education of the masses in hygiene, and systematic agitation directed toward the creation of an atmosphere hostile to the woman turning to prostitution and the man purchasing a woman's body. Doubtless, in organized groups of the population we

can achieve highly significant results, a decrease in the demand for prostitution, and, consequently, a decrease in solicitation.

Of the 1074 total of workers who had been or were married, 761, or 70.9 per cent, answered the question as to whether they had had extramarital sex relations. Of this group 370 persons, or 48.6 per cent, answered in the affirmative. Helman obtained 62.6 per cent on this point in the peasant groups studied. In the Kharkov student group, 8.9 per cent reported having had extramarital sex relations. This wide variation is explained on the one hand by the great facility with which sexual intercourse is granted among the workers and, on the other hand, by the fact of the participation of a certain percentage of our group in the Russo-German and civil wars.

There is a certain connection between extramarital sex relations, the demand for prostitution, and the very early beginning of sexual intercourse. The earlier that one or another of the group investigated began having sexual intercourse, the less stable was that individual shown to be afterwards in marriage, resorting often to incidental sex relations, and to prostitutes.

According to our questionnaire it was evident that those who had begun having sex relations at an early age continued to have an irregular sex life.

Of those who began sex relations under 17 years, 61.6 per cent had extramarital relations during marriage; of those who began between 17 and 21 years, 47.6 per cent had such relations; of those beginning over 21 years, 17.2 per cent had such relations. In our study there was a question designed to show more clearly some of the details of the sex life of those investigated over a given period. This question, "With how many women did you have intercourse during the past year?" received 797 answers; of these, 477 persons, or 59.9 per cent of the total number, admitted sex relations with one person during the past year; 89, or 11.1 per cent, with two persons during the past year; 51, or 6.4 per cent, with three; 110, or 13.8 per cent, with many; 70, or 8.8 per cent, with none.

Distributing this data among the different age groups, as in Table 5, we find that the figures indicate the known tendency of great sexual irregularity among our present youth, as compared with the older groups. This tendency is especially marked when the two extreme groups are examined (the group having intercourse with one woman and the group having it with many). Even if we exclude the older groups (from 40 on) whose decrease in the promiscuity of their sex relations may be connected with their generally waning sex powers, there will remain a correlation between the remaining groups indicative of the above-mentioned tendency in the younger generation. At the same time we should remember that it was the older groups who showed a greater recourse to prostitutes and strangers. The sex relations of the younger generation were with other types of women.

TABLE 5. DISTRIBUTION OF SEX RELATIONS DURING ONE YEAR ACCORDING TO AGE OF 797 INDIVIDUALS REPLYING

Sex relations with—	Number of individuals								All ages.
	Under 23 yrs.	23 to 25 yrs.	26 to 30 yrs.	31 to 35 yrs.	36 to 40 yrs.	41 to 45 yrs.	46 to 50 yrs.	Over 50 yrs.	
1 woman	55	46	102	94	67	51	39	23	477
2 women	32	4	23	12	7	6	4	1	89
3 women	18	8	14	5	2	2	2	..	51
Many women..	37	15	26	8	11	9	3	1	110
None	21	4	12	9	6	8	9	1	70
Total	163	77	177	128	93	76	57	26	797
Per Cent of Individuals									
1 woman ...	33.7	59.8	57.6	73.4	72.0	67.2	68.4	88.6	59.9
2 women ...	19.8	5.2	13.0	9.4	7.5	7.9	7.0	3.8	11.1
3 women ...	11.0	10.3	7.9	3.9	2.2	2.6	3.5	...	6.4
Many women	22.7	19.5	14.7	6.3	11.8	11.8	5.3	3.8	13.8
None	12.8	5.2	6.8	7.0	6.5	10.5	15.8	3.8	8.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

As to when sex relations with the wife began, only 563, or 67.5 per cent of the married men, reported that they began to have sexual relations with their wives after registration. The

remaining 271, 32.5 per cent, either did not register their marriages at all, or began having sex relations with the women they married long before registration. This question is of interest in connection with the possible introduction of compulsory examination of all parties contracting marriage. Our data emphasize the uselessness of such measures.

There were only 331 people who at one time had had or still were having a venereal infection, which constitutes 22.8 per cent of the 1450 individuals investigated, or 28.3 per cent of the 1171 who reported having had sexual intercourse. In the metal workers group, 131, or 27.5 per cent of those who had had sex relations, reported a venereal infection; printer group, 129, or 27.4; unskilled labor, 71, or 21.0 per cent. A study of sewing machine operators in the *Venerologia i Dermatologia*, 1924, obtained 25.5 per cent as infected with a venereal disease. The insignificant fluctuations in the amount of the venereal diseases observed in the most diverse group of workers lead us to believe that the average incidence of the venereal diseases among the working population ranges somewhere between 20 and 27 per cent.

Estimates of the incidence of the venereal diseases in various groups studied can be summarized as follows: the industrial group at present under observation, 25.9 per cent; Helman's peasant group, 20.0 per cent; Uriev students, 27.6 per cent; Breslau students, 51.9 per cent. Taking into account the differences in age distribution between those constituting the industrial group and those the other groups, we are convinced that the status of the venereal diseases among the working population is far better than in other portions of the population. The Kharkov, Uriev, Breslau, and Helman questionnaires reached a group of people of selected ages (mainly, individuals under 25) whereas our data concerns all ages.

The total number of specified cases of the venereal diseases was as follows: Gonorrhea, 267; syphilis, 30; soft chancre, 94. The number of venereal disease cases is higher than the num-

ber of persons ill as there were individuals with two or three different diseases.

In order to make a more accurate estimate of the status of the venereal diseases among the industrial workers, we should know how the disease is distributed among the different age groups, as we can make no comparison between the infections in the younger group, 23 to 25 years of age, which are not of long standing or acute, and those of the older group, 40 to 50 years of age, which might be of long standing or chronic. The question was asked, "Were you sick?" and consequently, those having the disease in the present may not have answered.

For a better orientation, and comparison with the data of the Kharkov, Moscow, and Helman questionnaires, which dealt with definite age groups under 30 years, we tabulated the incidence of the venereal diseases in our group up to the age of 30. Such cases numbered 137, or 20.7 venereal infections for every 100 people investigated under 30 years of age. Based only on those who had had sexual intercourse in the age group below 30, there were 25 infections per 100.

The sources of infection were divided into two groups, including in the one, infection from prostitute and stranger, and in the other, infection from acquaintance, mistress, fiancée, and wife. In the first group there were 222 cases, or 67.1 per cent of all individuals infected (according to industrial groups thus: Metal workers, 62.4 per cent; printers, 72.4 per cent; and unskilled laborers, 33.6 per cent). In the second group there were 32.9 per cent (casual acquaintance and acquaintances, 4.2 per cent; wife, fiancée, and mistress, 5.1 per cent). The statistics of the Venereological Dispensary of the Public Health Commissariat for 1924 show that the sources of infection are distributed as follows: Prostitutes, 31.6 per cent; chance acquaintances and strangers, 23.8 per cent; acquaintances, 34.3 per cent; mistresses, fiancées, wives, 7.1 per cent. Thus in the last years a new source of infection has come to the front, namely, the group of acquaintances. The percentage of the source of infection from the group of wife, mistress, and

fiancée is higher, and the percentage of infection from prostitutes has become lower. The picture here is entirely different from that given by our data.

Three hundred and twenty-five answers were received to the question, "From whom did the venereally diseased seek treatment?," as follows: 206 in hospitals and dispensaries; 73 from private physicians; 11 from *feldshers*; 17 from "sorcerers" or "magicians"; 18 by own methods. (The number of answers is greater than the number of people infected because some of them were under treatment simultaneously in different places.)

Concluding the examination of the results of the investigation, we believe that, in spite of certain defects in the questionnaire, we can draw certain conclusions. The very fact of having been able to carry through this investigation is a tremendously important factor in focusing the attention of the people on the question of the venereal diseases. The carrying on of such an investigation among the workers is perfectly feasible and should be continued in the future.

A set of undesirable phenomena in the sex life observed by various authors of questionnaires concerning the sex life, such as early beginning of intercourse, recourse to prostitution, sexual irregularities, and similar factors, are manifested in the industrial group also, but in a lesser degree than in other groups.

The general belief in the existence of a tendency toward beginning sexual intercourse earlier among the younger generation as compared with that of the older has been confirmed by the data from our investigation. The investigation, at the same time, establishes the fact of the decrease in the demand for prostitution among the younger generation. This is confirmed by the fall in the percentage of venereal infections acquired from prostitutes for the past years (statistics for 1923-24 of the Moscow Venereological Dispensary).

The investigation establishes a certain average figure for the incidence of venereal disease among the working popula-

tion and dissipates what to us has always seemed exaggerated and unfounded, statements of many authorities concerning the tremendous prevalence of the venereal diseases among the population. Holtzov, for example, stated that 50 to 80 per cent of the men become infected with gonorrhea. Continuation of the investigation in the future and further analyses of the questionnaires will enable us to come to more definite conclusions concerning the sex life of the Moscow workers.

LAW ENFORCEMENT AND REHABILITATION

SOME OBSERVATIONS UPON THE NINTH INTERNATIONAL PRISON CONGRESS

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Secretary, Committee of Fourteen, New York, N. Y.

The Ninth International Prison Congress, which met in London in August, 1925, discussed subjects which are frequently on the program of the Section on Delinquency of the National (U. S. A.) Conference of Social Welfare. Instead of the principal discussion being of prison administration, it was of sentences—probation, fines, and the indeterminate sentence—even motion pictures' censorship having a place on the program. It was even suggested that in special cases there be a suspension of judgment of conviction. Judging by the applause, the Congress consisted chiefly of friends of prisoners and strong advocates of the belief that the greater gain to the community results from the rehabilitation rather than the punishment of the convicted offender. Unfortunately, a comparison of the results of the two methods cannot be made.

* Mr. Whitin, who represented the American Social Hygiene Association at the International Prison Congress at London in the first week of August, 1925, has been, for nineteen years, Secretary of the Committee of Fourteen, whose purpose is the suppression of commercialized prostitution in New York City. His comments on the Congress proceedings are, therefore, from the point of view of one who has been, for many years, actively engaged in law enforcement.

No one knows the real deterrent effect of severe prison sentences, and there is no way of determining it. The discussion, in the Congress and elsewhere, of the results of probation indicated that a real measure of the success of rehabilitation efforts, either by probation, parole, or reformatory commitment, is yet to be determined, and until it is determined and applied, the result must remain unknown.

The same limitation of personnel with breadth of subjects seems probable at the coming International Congress of Penal Law (Brussels, May, 1926) for on its Agenda are:

“II. Should the principle of social safety (as advocated by the Positivist School of Criminology) be applied so as to replace all penalties founded on the traditional idea of criminal responsibility, or should it be applied only to supplement the traditional method for certain kinds of criminals and in certain cases?”

“III. Should recognition be given to outdoor work for convicts and if yes, how can it be regulated?”

The writer would urge strongly that at any future National or International Prison Congress the speakers include representatives of the Police Department, of the prosecutor's office, and judges, as well as those interested in rehabilitation. Long acquaintance with all four groups convinces the writer of the failure of each to understand the problems of the others. The prosecutor constantly complains that the police do not secure adequate evidence to sustain the conviction of even those who are undoubtedly guilty, while the police feel that the impossible is too often asked of them. The judges join in this criticism of the police. The rehabilitationists frequently believe that the judges impose unreasonably severe sentences, forgetting that not infrequently the judges are without means of obtaining, before sentence, the defendant's social history; that they may have believed the defendant guilty of other crimes of which he was previously acquitted; and that they are not infrequently faced with the fact that the prisoner was charged with a more serious crime than that to

which he pleaded guilty or of which he was convicted. The writer well remembers being present at the Executive Chamber at Albany during a pardon day hearing, when in an appeal to Governor Whitman, it was stated that the judge had imposed an extremely heavy sentence for the offense to which the prisoner had pleaded guilty. The Governor's comment was: "The man was lucky to get off with five years. He was undoubtedly guilty of felonious assault." (He spoke from personal knowledge, having, at the time, been the prosecuting officer.)

Those interested in the restoration and rehabilitation of the prisoners rightly comment that the police, prosecutors, and judges know little of the horrors and effect of prison detention, while the latter reply that the rehabilitationists know little of the difficulties of securing evidence and convictions.

Might it not be a partial solution of the conflict to relax the present strict rules of admissibility of evidence in criminal cases? These originated in the days when death was the penalty for all serious crimes, days when the light of publicity on court proceedings was not of the first magnitude. Surely, in these days, a unanimous verdict should not be required of the Petit Jury except in homicide cases. The defendant should be compelled to submit to cross-examination, and all facts which might tend to fix the responsibility for the alleged crime should be admissible in evidence. Might not "probable guilt" be added also to the findings possible for the jury, and this be interpreted as a report of maladjustment by the defendant to social conditions, such a finding to require reformatory detention and parole or supervision by a probation officer? In considering such changes of procedure, one must bear in mind the very wide difference between nations and states in their agencies to effect such rehabilitation. Where there are sufficient of these agencies, adequately staffed, this suggestion might well be seriously considered, but when these agencies are few and with poorly paid staffs, they must be increased and materially improved before the change is made.

The writer was impressed with the frequent references, during Congress discussion, to "first offenders," though all must have known, as he did, that the term, as used, was frequently a misnomer. He listened attentively to the addresses in French and German, hoping to find some term which would more adequately represent what was meant. To his disappointment, none such was used. What is really meant, of course, is first convictioner, but that, in English at least, is a most clumsy term. Unfortunately, no statistics are available to determine the actual number whose first conviction followed a first offense. While the proportion of professional criminals, as compared to the population, is undoubtedly small, the proportion of serious crimes committed by them is undoubtedly high.

The visitor was very favorably impressed with the methods of procedure of the Congress. Some months prior to its date of meeting, a series of questions was submitted to various groups of experts in particular problems. The answers were submitted to the Congress in printed form and were considered in the appropriate sections. The consideration resulted, in most cases, in a formal resolution, which was reported to the General Assembly. Here the resolution was further debated. Those who read these resolutions in the report of the proceedings of the Congress, when printed, will probably be struck with their lack of definiteness. This was because the attempt was made to so phrase each that it would have unanimous support.

The resolution regarding indeterminate sentences, as finally adopted, read as follows:

"The indeterminate sentence is the necessary consequence of the individualization of punishment and one of the most efficacious means of social defense against crime.

The laws of each country should determine whether and for what cases there should be a maximum duration for the indeterminate sentence fixed beforehand. There should in every

case be guarantees and rules for conditional release with executive adaptations suitable to national conditions."

The suggestion made in the following resolution should be speedily and generally adopted:

"The trial ought to be divided into two parts; in the first the examination and decision as to guilt should take place; in the second one the punishment should be discussed and fixed. From this part the public and the injured party should be excluded."

The following resolution was adopted, over the protest of the English delegates, they holding that it advocated what was a violation of individual rights:

"It is necessary that accused, as well as convicted prisoners, should be physically and mentally examined by specially qualified medical practitioners and the necessary services should be installed for this purpose in the institutions. Such a system would help to determine the biological and sociological causes of criminality, and suggest the suitable treatment of the individual offender."

The morning sessions of the Congress were opened by forty-five minute addresses by leaders in English public life. The Earl of Oxford, or, Lord Asquith, as he is better known in America, appealed in his address for a uniformity of sentences in the interest of justice and equality. He commended the establishment of the Court of Criminal Appeal as allaying the unrest which existed when he was Home Secretary, prior to the establishment of the court.

The address of the Lord Chief Justice Hewart was exceptionally brilliant. While declaring that the value of probation could hardly be exaggerated, and grave indeed to be the responsibility of those who sent any, and especially youths or women, to prison for the first time, he held that the best Alternatives to Imprisonment—the title of his address—was to refrain from violations of the law, the worst alternative to let the offender off. He disagreed with Lord Asquith upon the desirability of the standardization of sentences, saying

that it would be an abdication of the duties of the judge. He also reported the Bostal reformatory system to be successful in 70 per cent of the cases of boys and 80 per cent of the cases of girls, judged by subsequent convictions. He failed, however, to state the time since release upon which these figures were based.

Viscount Cave, the Lord Chancellor, believed the Bostal reformatory system was still on trial. He declared opposition to the indeterminate sentence as breeding discontent, because of uncertainty, for the convict, of his period of detention. This is a fact well known to those familiar with American prison conditions. The Lord Chancellor made special mention of the English Preventive Detention Law, by which one convicted may be charged at a supplementary trial as an habitual offender and given an additional sentence. He reported that the law had been very effective in checking continued recidivism.

Viscount Haldane's address closed the series. The ex-Lord Chancellor declared the first step in rehabilitation to be to so treat the criminal that he may say of his punishment, "It serves me right." He declared that the judge must hold closely the balance between the right of society and that of the individual to have all the circumstances considered. He endorsed the opportunities now given the convict to educate himself, such opportunities, however, to be fitted in with real punishment.

In conclusion, the writer found this, the first International Prison Congress which he had attended, one of the most stimulating of the many conferences at which he had been present. It was, indeed, a conference which might well be repeated oftener than once in five years. Many men of many nations are seeking solutions of the problems involved, and progress can best be made by frequent conferences at which due allowance is made for the differing of conditions and the fundamental reasons for differences of procedure and action between the nations as well as allowance for the experience and hence, opinions of the participants.

LEGALIZED ELIMINATION OF THE UNBORN IN SOVIET RUSSIA *

HAROLD G. VILLARD

New York, N. Y.

By a decree of N. A. Semashko, People's Health Commissary, published in the November 18, 1920, issue of the journal *Isvestija*, expectant mothers in Soviet Russia were granted the right to undergo an operation for the interruption of their pregnancy in the state hospitals of that country whenever they could convince the authorities that they had good reasons, such as poverty or ill-health, for refusing to bring another child into the world. Thus, unlike most other civilized communities where the intentional procuring of a miscarriage is regarded as a crime and is forbidden under severe penalties, the interruption of gestation is legally permissible in Russia in cases where the local Government medical commission is satisfied that a woman has just grounds for wishing to avoid being a mother.

The Russian law only permits physicians on the staff of public hospitals to perform operations for ridding a woman of a coming child and makes it a punishable offense for anyone else to practice such surgery. The statute has run for too short a period as yet to enable one to judge of its ultimate consequences or of its effect in the long run on public morality and the growth of population. According to the latest available advices, however, pregnant Russian women are freely and in increasing numbers availing themselves of the opportunity thus afforded to escape motherhood under the best hygienic conditions and with the least possible risk.

The extent to which this right is being made use of is revealed by certain figures published in the January-March,

* This article presents sidelights on some aspects of social and public health experiments now being carried on in Russia. The unusual character of some of the methods employed in these experiments make them of more than ordinary interest. The JOURNAL, as with all articles, publishes this contribution on the responsibility of the author.

1925, issue of the *Bulletin of the Leningrad Province Statistical Office*,¹ wherein it is stated that 31,601 infants were born in the district comprising the former Russian capital in 1924. During the same year 6692 legally sanctioned operations, or the equivalent of 21 per cent of the total number of births, were performed in the various municipal hospitals to relieve women with child of their prospective offspring as contrasted with 2983 like operations and 31,906 births in 1923, when only limited facilities existed for disposing of such cases. Only 81 out of every 100 applications for such succor were allowed by the authorities in the last five months of 1924. Of the rejected petitions 72 per cent were refused on the ground that the parents were possessed of ample means, 8 per cent because pregnancy was too far advanced, 7 per cent because less than a year had elapsed since the last previous miscarriage, and 6 per cent because the health of the mother was held not to be endangered.

On the other hand, in the 3485 instances in which the desired relief was allowed during the five months mentioned the permission was granted in 72 per cent of all cases by reason of the poverty of the parents, and in 17 per cent more because of the mother's state of health. In one out of 24 cases the woman was still nursing her last child and in one out of 45 cases the large size of the family was given as the deciding factor.

As appears from the following tables, the average age of the women who were allowed to have miscarriages in Leningrad during 1924 was 29 years.

Age categories	Per cent of legal miscarriages	Per cent of All children born
16-19.....	2.5	4.1
20-24.....	27.5	32.7
25-29.....	30.7	32.1
30-34.....	22.6	18.4
35-39.....	12.6	9.4
40 and over.....	4.1	3.3
Total.....	100.0	100.0

¹ P. 205-207.

The above figures show that it is the women over 30 years of age who are most anxious to have a miscarriage. Presumably the majority of these had already been mothers, for from statistics compiled at Jekaterinburg (now known as Sverdlovsk) it was found that those disinclined to undergo another confinement had borne 4.5 children on the average and did not feel able to take care of any more. In these cases of permitted abortions poverty is generally the compelling motive. At Leningrad more than half of the women involved belonged to the working class, a fifth were employees in receipt of a small stipend, while a tenth were without any gainful occupation.

As the public hospitals are not yet fully equipped to handle all cases and as many women are deterred by a feeling of shame or false modesty from presenting themselves at public institutions, the number of illicit abortions in Russia is still very large. It is claimed that women undergoing operations of this character in public hospitals run no greater risk of infection or of injury to their health than in an ordinary case of childbirth. In the Abrikossow maternity hospital, which is the largest establishment of its kind in Moscow, puerperal fever developed in only 2.9 per cent of all the miscarriages treated in 1922, whereas during the same year the corresponding percentage in the city hospitals of Munich was 33 per cent. This bears out the contention of the advocates of legal abortions in Russia that their introduction would cause far less injury to the health of pregnant women than now happens in countries where artificially produced miscarriages are forbidden by law.

For the object of the Russian authorities in sanctioning the destruction of unborn babies under certain safeguards was to lessen as far as possible the harm that is being done to womanhood by deliberately induced abortions. This deplorable evil is prevalent in all countries and is attended by an incalculable amount of bodily and mental anguish on the part of its women victims, of whom from seven to eight thousand are said to die

annually in Germany alone. In that country 400,000 cases of such malpractice were estimated to have taken place during 1923, as compared with 1,612,000 births. In the case of France, where less than 800,000 births are now occurring annually, the similar total is given as 300,000, of which 50,000 are attributed to Paris alone. Before the World War a like proportion was reported at Vienna, namely, 14,000 artificially caused miscarriages to 40,000 births. Penal legislation against this social affliction has everywhere proved ineffective and difficult to enforce. Between the years 1881 and 1900 only 277 criminal abortion cases were tried in the whole of France, while elsewhere in Europe it is commonly believed that not one in 1000 of such cases are prosecuted.

Repressive measures have not materially affected the number of premeditated feticides, which in all large centers tend to increase. At Berlin Dr. Vollmann asserts that, instead of ten, as thirty-five years ago, there are now forty miscarriages to every hundred pregnancies. Fully two-thirds of these are deliberately brought on. The laws now in force have not stopped the practice against which they are directed but have made the women resolved on a step of this kind the prey of unscrupulous quacks and degraded midwives. The statutes have failed of their purpose for the reason that they do not touch the cause of the evil which they are supposed to suppress, namely, poverty. Statistics compiled in Austria show, for example, that only one-tenth of 1 per cent of all the transgressing women were well to do, 7.9 per cent possessed small means, while the remaining 92 per cent were extremely poor.

Since the threat of prison has proved a futile corrective the present rulers of Russia feel that the best way of combating this scourge and confining it within the narrowest feasible limits is by their existing system of permissive and medically safeguarded miscarriages. All civilized states exact that enceinte women shall bring children into the world even though the mothers of such infants are often unable to provide them with nourishing food or adequate clothing. This

policy the Russians regard as inhumane. In their opinion only where a State obligates itself to look after the babies that see the light of day has it the right to insist on compulsory motherhood. A child is entitled to be happily born and the bestowal of life is no boon to a non-conscious embryo if it is to suffer want and privation from the time of its birth.

The Russian authorities believe further that the doing away with unwanted offsprings will lessen poverty and raise eugenic standards. Where there is barely enough bread to go round the advent of another child means inadequate nourishment for a worker's entire family and operates against the younger members of it growing into strong and healthy adults. It is immoral for parents to have more children than they can provide adequate food for. Measures taken by the State against such an unfortunate contingency are therefore thoroughly justified and would make for the progress of the human race.

So far there is not the least indication of other countries accepting this viewpoint. The teaching of the Christian and in fact of all religions that any interference with the normal course of propagation is sinful still holds the ascendancy.

Not long ago France passed another law with stricter penalties against abortions and the sale of contraceptives. In Germany the doctors have recently opposed any change in the existing statutes on the ground that, while the provisions against artificially induced abortions are disregarded by hundreds of thousands, they are respected by as many more. An overwhelming majority felt that the abolition of the present legal prohibitions would lead to all sorts of evils and corrupt public morals. Until a change occurs in the existing social order it does not seem likely that Russian legislation on the subject of miscarriages passed primarily in the interests of the proletariat will be copied elsewhere.

EDITORIAL

LUTHER BURBANK—SOCIAL HYGIENIST

If making two blades of grass grow where but one grew before gains for a person the degree of "public benefactor," Luther Burbank was entitled to it *summa cum laude*. The great naturalist and philosopher of Santa Rosa, who died on April 11, 1926, was far more than a blade-multiplier. He was a plant magician, a developer, and—to the extent that the product of cross breeding is an absolutely new thing—a creator. In support of this it is interesting to note a few words taken from an interview with Mr. Burbank in 1907. "I never pay much attention to one of my productions after I have developed it. I then go on with something else. Why, I have six thousand different kinds of prunes at my Sebastopol farm and hundreds and thousands of different kinds of fruits and flowers."

Those social hygienists who are not already familiar with Mr. Burbank's views on the need for sex education, and the great value of nature study in this connection, will do well to read his little book,* *The Training of the Human Plant*, published in 1919. Here, in simple, brief, and kindly words the lover of plants and children sets forth his views on child training, with particular emphasis on its character-building aspects. A few quotations will suffice to show the trend and range of these views.

But you say, How can you expect all children to be reared in love? By working with vast patience upon the great body of the people, this great mingling of races, to teach such of them as do not love their children to love them, to surround them with all the influences of love. This will not be universally accomplished to-day or to-morrow, and it may need centuries; but if we are ever to advance and to have this higher race, now is the time to begin the work, this very day. It is the part of every human being who comprehends the importance of

* The Century Company, New York, N. Y.

this to bend all his energies toward the same end. Love must be at the basis of all our work for the race, not gush, not mere sentimentality, but abiding love, that which outlasts death. . . .

But remember that just as there must be in plant cultivation great patience, unswerving devotion to the truth, the highest motive, absolute honesty, unchanging love, so must it be in the cultivation of a child. If it be worth while to spend ten years upon the ennoblement of a plant, be it fruit, tree, or flower, is it not worth while to spend ten years upon a child in this precious formative period, fitting it for the place it is to occupy in the world? Is not a child's life vastly more precious than the life of a plant? Under the old order of things plants kept on in their course largely uninfluenced in any new direction. The plant-breeder changes their lives to make them better than they ever were before. Here in America, in the midst of this vast crossing of species, we have an unparalleled opportunity to work upon these sensitive human natures. We may surround them with right influences. We may steady them in right ways of living. We may bring to bear upon them, just as we do upon plants, the influence of light and air, of sunshine and abundant, well-balanced food. We may give them music and laughter. We may teach them as we teach the plants to be sturdy and self-reliant. We may be honest with them, as we are obliged to be honest with plants. . . .

I may only refer to that mysterious prenatal period, and say that even here we should begin our work, throwing around the mothers of the race every possible loving, helpful, and ennobling influence; for in the doubly sacred time before the birth of a child lies, far more than we can possibly know, the hope of the future of this ideal race which is coming upon this earth if we and our descendants will it so to be. . . .

My own studies have lead me to be assured that heredity is only the sum of all past environment, in other words *environment* is the architect of *heredity*. . . .

Can we hope for normal, healthy, happy children if they are constantly in ugly environment? Are we not reasonably sure that these conditions will almost swamp a well-balanced normal heredity and utterly overthrow and destroy a weak though otherwise good one? . . .

Every child should have mud pies, grasshoppers, water-bugs, tadpoles, frogs, mud-turtles, elderberries, wild strawberries, acorns,

chestnuts, trees to climb, brooks to wade in, water-lilies, woodchucks, bats, bees, butterflies, various animals to pet, hay-fields, pine-cones, rocks to roll, sand, snakes, huckleberries and hornets; and any child who has been deprived of these has been deprived of the best part of his education.

By being well acquainted with all these they come into most intimate harmony with nature, whose lessons are, of course, natural and wholesome.

SOCIAL HYGIENE BULLETIN

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The Committee of Fourteen.—The major activities of the Committee of Fourteen in continuing its repression of commercialized prostitution in New York City, as stated in its *Annual Report* for 1925, are: (1) Continued investigation of vice conditions; (2) observation and assistance of police endeavors to apprehend violators of the laws for the repression of the evil; (3) consideration of the sufficiency of existing laws to accomplish their intended purpose, and endeavors to secure new laws when needed. At the annual meeting, October 22, 1925, the Secretary, Mr. Frederick H. Whitin, reported briefly on the activities of the Committee in the preceding year; the special conferences which he had attended in Europe during his recent trip; his observations of vice conditions and law enforcement in the cities which he had visited, and his deductions therefrom. He also called the attention of the Committee to memoranda submitted by him on a possible broader application of the Public Health Law in relation to venereal disease suspects, and the desirability of including in the

cases determined in the Women's Court, all cases involving prostitution, regardless of sex, and the examination there of defendants charged with rape. The Officers and Directors of the preceding year were reelected for the ensuing year.

Summer Course in Social Hygiene in Virginia.—Through the efforts of a group of instructors selected from the University of Virginia, the College of William and Mary, and Farmville State Teachers College, a course in social hygiene has been organized for teachers and parents. It is planned to include in the course methods of procedure for instruction in sex education and discussion of problems which will help the teacher to meet situations arising in the school. Many teachers who have been conscious of these problems in their schools and who have been anxious to meet them wisely and constructively have felt unable to do so because of lack of preparation for handling the subject. The course, which will be offered during the first term of the summer quarter at the University of Virginia and at the College of William and Mary, will consist of 30 lectures, and it will carry a credit value of one college session hour.

Marriage in Norway.—An item in the *Medical Journal and Record*, March 3, 1926, states that since 1919 restrictive marriage laws have been in force in Norway. The restrictions apply to any person who is insane or suffering from syphilis in its infectious stage. Unless the other person is aware of it and unless both persons contemplating marriage have been warned by a doctor of the dangers of the disease, it is illegal for anyone to marry who is afflicted with epilepsy, leprosy, or gonorrhea, in the infectious stage. Physicians must notify the authorities if they, professionally or otherwise, know of the existence of any of these diseases in one who is contemplating marriage. If one of the parties has been insane and has not been certified as cured, or if either is thought to be insane, a certificate must be provided indicating that insanity is not at present demonstrable. A person insane at the time of marriage may claim dissolution and a divorce may be obtained by the other party if he or she was ignorant of the insanity at the time of marriage. Certain questions have to be answered in writing by both persons contemplating marriage, among them being particulars of relationship by birth or marriage, of previous marriage, and of previous children born out of wedlock. If false statements are made a penalty of two years' imprisonment may be imposed.

Annual Report of the Social Hygiene Council of Chicago.—During this last year the Social Hygiene Council of Chicago has coöperated with the Chicago Woman's Club, Woman's City Club, and the League of Women Voters in all their social hygiene activities. Through the Public Health Institute, lectures were given before industrial and commercial organizations to over 4000 girls and young men. A two-day institute of six sessions was called for Negro leaders at which social hygiene was thoroughly discussed. Their interest was such that a group of representative Negro women formed a class which met weekly for four months.

Lectures were given in the public, technical, and professional schools to 3000 students. Two conferences were held in one of the densely populated neighborhoods of Chicago to discuss what might be done to combat vicious environmental conditions. As a result 80 teachers registered for a course of eight lectures stressing the school problems in social hygiene which constantly arise. The Council coöperated with the Social Administration Department of the University of Chicago in giving a special course on social hygiene and protective measures. Almost 15,000 persons attended the lectures and Institutes during the year, and the Council is prepared to supply literature, give advice on special social problems, and to furnish lecturers.

Marriage and Divorce in Florida and Mississippi.—Dr. R. M. Harper, statistician and geographer of the State of Florida, has recently made a statistical analysis of marriage and divorce in Florida and in Mississippi. An account of his study is given in the April, 1926, issue of *Eugenical News*. Regarding Florida, Dr. Harper says:

The marriage rate varies in different parts of the country, and in Florida it is above the United States average, probably because of the recent large influx of people in the prime of life. In 1923-24 about 3.0 per cent of the population of Florida got married, as compared with 2.2 per cent in the United States. . . .

The divorce rate, unlike the marriage rate, has been increasing ever since records of that sort have been kept. In 1887 there was one divorce to every 17.3 marriages in the United States, and in 1924 one to every 6.9.

During the year 1923-24, 0.30 per cent of the population of the United States secured divorces and 0.42 per cent of the population of Florida secured divorces, while the rate of marriages to divorces was 7.1 in both cases. In the 10 city counties of Florida the per cent of population marrying was 3.0, the per cent of population divorcing was 0.57, and the rate of marriages to divorces was 5.2; the cor-

responding figures for the rest of the state, or the rural districts, were 3.0, 0.27, and 11.1.

In Mississippi Dr. Harper found that the divorce rate is higher in the cities than in the rural districts.

In 1924, for the whole United States, the annual marriage rate was about 2 per cent, while for Mississippi it was about 3 per cent. In Mississippi, the Yazoo Delta region showed a marriage rate of 4 per cent. Curiously enough, the Delta, which has the highest marriage rate, has also the lowest divorce rate, there being only one divorce to every 22 marriages in 1923-24. Dr. Harper was unable to determine whether the large Negro population had anything to do with the marriage and divorce rate because the census figures do not separate the races. Incidentally, the Delta showed an increase of about 14 per cent in population between 1910 and 1920, in spite of the great northward movement of Negroes, while the whole state lost slightly according to the census figures.

The average duration of marriage that ended in divorce in Mississippi in 1923-24 was about eight years. Almost as many divorce suits were brought by husbands as by wives. Only one-fourth of the couples divorcing in Mississippi had children, averaging not quite two per couple, or less than half a child for each divorce as compared with 2.2 adults and 2.2 children in the average Mississippi family in 1920.

Meeting of Committee on Traffic in Women and Children.—An article in the *Vigilance Record*, April, 1926, gives a full account of the first meeting of the fifth session of the Committee on Traffic in Women and Children, which met at the League of Nations headquarters in Geneva, Switzerland, on Monday, March 22, 1926. The Committee was composed as follows: The delegates appointed were Count Carton de Wiart of Belgium, Dr. Estrid Hein, Denmark, M. Bourgeois (replacing M. Regnault assisted by M. Barbier), France, Mr. A. Maxwell (replacing Mr. Harris), Great Britain, the Marquis Paulucci di Calboli, Italy, M. Yotro Sugimura, Japan, M. Stanislas Posner, Poland, M. Ciuntu (replacing M. Commene), Roumania, Sir D. Pedro Sangro y Ros de Olano (assisted by M. Amador), Spain; the Assessors were Miss Baker, International Bureau for the Suppression of Traffic in Women and Children, Mme. Avril de Sainte Croix, Women's International Organizations, Mme. la Baronne de Montenach, International Catholic Association for the Protection of Girls, Mme. Curchod-Secretan, Federation of National Unions of the Friends of Young Girls, Mr. S. Cohen, Jewish Association for the Protection of Girls and Women; secretary, Dame Rachel Crowdy.

In opening the proceedings the Chairman referred to the fact that as the Committee was meeting twice in twelve months he had the honor to preside on both occasions. The Agenda prepared by the Secretariat was then considered and

adopted; it was also agreed that the meetings of the Committee should be open to the public.

The Progress Report of the Secretary was read and discussed paragraph by paragraph. Ratifications of the International Convention of 1921 on the Traffic in Women and Children had been received from China, Japan, Sweden and Switzerland. France also had adhered to the Convention. Satisfaction was expressed by the Committee that all States Members of the League represented on the Committee were now parties to the 1921 Convention. In connection with Resolution 1 of the last session a copy of the Digest of Laws had been received from the American Social Hygiene Association and could be consulted in the Secretariat. The Secretariat was asked to express to the American Social Hygiene Association the warm thanks of the Committee for their very valuable work and assistance.

A summary of the annual reports from Governments for the year 1924 was then examined. The continually increasing number of Governments which submitted detailed reports of value to the work of the Committee was appreciatively noted. A Central Authority for Hungary had been appointed.

With regard to Resolution 2 of the last session, referring to the coöperation of voluntary organizations with Governments in the repatriation of foreign prostitutes, Dr. Hein (Denmark) announced her intention of submitting at a later stage of the proceedings a resolution that a list of the Benevolent Societies able and willing to render such help should be distributed to the Central Authorities and to the Benevolent Associations of all countries. In connection with the discussion which ensued on the replies of Governments to Resolution 4 (Repatriation and Deportation) the Marquis Paulucci de Calboli (Italy) noted that the replies furnished did not contain information as to the circumstances in which the persons concerned had entered the respective countries. M. Bourgeois (France) and Senator Posner (Poland) supported the view that the Secretariat should request the Governments to supply details on that point. To combat the evil it was necessary to attack the causes, and for that purpose a knowledge of the reasons for which such persons had entered the different countries was imperative. Count Carton de Wiart (Belgium) pointed out that the Dutch Government was the only one which had supplied those particulars.

The morning session closed at 12:30 P.M. and the afternoon session opened at 3 P.M., when the examination of the revised summary of the Annual Reports of Governments for 1924 was continued.

The reports of the Voluntary Organizations were then taken commencing with that of the Jewish Association for the Protection of Girls and Women. . . .

The report of the International Bureau for the Suppression of the Traffic in Women and Children consisted mainly of reports from the National Committees of Austria, Belgium, Danzig, Denmark, France, Germany, Greece, Holland, Hungary, Italy, Sweden, and Switzerland for the Suppression of Traffic in Women and Children on the work done by them during 1925, together with information from the International Bureau and the Affiliated Societies as to the port and station work carried on by them in Great Britain during the same period. Miss Baker said that although it had not been possible for the International Bureau to organize new committees or to send a representative to visit those already in existence, there was undoubtedly strong evidence of an increased vitality in the

work of the National Committees, especially in regard to certain countries. Not only was that the case in connection with subjects that had been dealt with in consecutive years, but their activities were continually reaching out to and embracing a much wider area of work.

In several instances the original Committee for the Suppression of Traffic in Women and Children had developed into an Association dealing with some of the conditions which might be regarded as contributory causes to the traffic, and were doing very valuable work from the points of view of propaganda and the creation of a strong public opinion on the whole moral question.

Evidence of that was furnished by the number and variety of the subjects that had been suggested by the National Committees for discussion at the Preparatory Conference to be held at Copenhagen on September 1st and 2d next. Particular importance had been attached by almost every country to the question of the Suppression of Obscene Publications in its widest application; and the wish had been frequently expressed by the Committees of different countries that the subject could be referred to the Traffic Committee of the Advisory Commission. It was strongly felt that were such a step possible a vigorous and world-wide impetus would be given and effective international action attained.

Miss Baker concluded with a reference to the death a few days previously of M. Hennequin, the President of the French Association for the Suppression of the Traffic in Women and Children . . .

The report of the Women's International Organizations was then spoken to by their representative, Mme. Avril de Sainte Croix, who said she would like to draw attention to the work of collaboration which had gone forward throughout the world between the women's associations in the field of moral and social action. . . .

The report of the Federation of National Unions of the Friends of Young Girls was then given by Mme. Curchod-Secretan. . . .

The report of the Catholic International Association for the Protection of Girls was given by its President, Baroness de Montenach. . . .

The Committee adjourned at 6:10 P.M. and recommended its sitting the following morning, Tuesday, March 23d, at 10 A.M., when the first business taken was concerned with expulsion of foreign prostitutes. A lengthy discussion took place as to the help to be given by the benevolent associations in the rehabilitation of these women and girls and the methods to be adopted. . . .

Stress was laid on the need for the compilation and circulation of a list of those organizations competent and willing to help, and it was agreed that as each National Committee for the Suppression of Traffic in Women is composed of representatives from existing organizations for the care and protection of women and girls, application could always be made by Governments to those Committees.

At a later stage of the proceedings it was decided to appoint a *Rapporteur* to centralize the study made by the different Governments of the problem.

The Committee then proceeded to consider the replies which had been received by the Secretariat with regard to the system of licensed or tolerated houses as related to the traffic in women. The Secretary said that answers had already been received from the Governments of the following countries: Union of South Africa, United States of America, Austria, Belgium, Canada, Cuba, Czechoslovakia, Danzig, Denmark, Finland, Germany, Great Britain, Hungary, India,

Italy, Japan, Latvia, Monaco, Netherlands, Norway, New Zealand, Panama, Poland, Portugal, Kingdom of the Serbs, Croats, Slovenes, Siam, Spain, Switzerland.

The views expressed showed that there is a divergence of opinion as to the necessity for maintaining the system. . . .

The meeting adjourned at 12:45 P.M. and met again at 3:30 P.M., when the consideration of the same subject was resumed. After full discussion it was decided to request the Secretary to prepare for the next session a systematic and impartial abstract of the reports received from the Governments, such abstract to be used for the preparation of the report of the Committee to the Council of the League in accordance with resolution 4 of the Council of June 11, 1924.

The next subject under consideration was that of the employment of women police, and was introduced by a draft resolution proposed by Mr. Cohen to the effect that the Advisory Committee, having noted the increasing interest shown in the question of the employment of women police in several countries, wished to recommend the Council of the League to request the Secretariat to apply to all States for full information on the subject. . . .

The chair was taken the following morning, Wednesday, March 24th, at 10 o'clock, and the proceedings opened with a resolution moved by Mr. Cohen regarding the traffic in obscene publications in its relation to the traffic in women and children. . . .

At the Graz Congress of 1924, after a long discussion, a resolution had been adopted in which it was stated that obscene publications were a serious menace to morality and an encouragement to the traffic, and in which the States were invited to ratify the Convention of 1923. That convention had been ratified by a large number of countries. Paragraph 8 of the Final Act laid down that the Council should examine the convention every five years to see whether it might not be advisable to convene a conference for its revision. Paragraph 9 of the Final Act instructed the Secretariat to submit a questionnaire to the Governments and to the authorities appointed under the Agreement of May, 1910, in order to obtain information in regard to offenses which had been punished, with indications as to their importance.

In order to ascertain whether revision was needed, it was necessary to ask the Secretariat to collect information. If the Council would agree that the reports sent in to the Secretariat should be communicated to the members of this Committee, they would enable it to determine the relationship existing between obscene publications and the traffic in women. . . .

M. Sugimura (Japan) asked what was the number of ratifications to the Convention of 1923 up to the present date? Secondly, what were the steps taken by the Secretariat in conformity to Article 9 of the Final Act?

The Secretariat replied that the convention had received more than 40 signatures, 15 ratifications, and 2 adhesions. Under Article 9 the Secretariat was instructed periodically to obtain certain reports. The text very clearly showed that it was impossible for the Secretariat to take any initiative in making representations to the Governments. It was necessary that the Secretariat should be explicitly instructed by the Council to make such representations. . . .

The meeting adjourned at 12:30 P.M. to reconvene at 3:15 P.M., and the Committee considered a report prepared by the International Anti-Alcoholism Bureau on the subject of alcoholism and its relation to prostitution. . . .

The Committee was unanimously of opinion that there is close connection between the two evils, and after a long discussion a resolution was adopted inviting the Secretariat to proceed with the study of the problem from the point of view of the traffic in women and children in order that the question might be further considered at the next session of the Committee.

The subject of emigration was then spoken to by Mr. Cohen, who made a statement concerning the work done by the Conference of Private Associations for the Protection of Migrants. . . .

The next subject on the Agenda was propaganda and at the suggestion (supported by the Chairman) of M. Posner, Chairman of the Sub-Committee set up in 1925, the question of propaganda was adjourned to the next session.

The budget estimates were then submitted by the Secretary and unanimously accepted.

This closed the business of the fifth session; the Committee adjourned at 5:40 P.M. and did not meet again until 5 P.M. the following day (Thursday) in order to allow time for the preparation of the report of the work of the Committee. The draft report was then considered paragraph by paragraph, and finally adopted in its entirety. . . .

The following are the resolutions passed by the Committee:

LICENSED HOUSES.—The Traffic in Women and Children Committee has noted the contents of the reports which have been presented by a large number of Governments on the question of the system of licensed houses as related to the traffic in women. The views expressed show that there is a divergence of opinion as to the necessity of maintaining the system.

The Committee requests the Council to instruct the Secretariat to ask those countries which have not yet sent reports to do so, and those which have done so for any new comments. It requests the Secretariat to prepare for the next session a systematic and impartial abstract of the reports which, taken in conjunction with them, will show the present position.

This abstract should be suitable for use in the preparation of a report which the Committee proposed to make to the Council, in accordance with resolution 4 of the Council of June 11, 1924, in which the Advisory Committee was requested to continue its study of the question.

EXPULSION OF PROSTITUTES.—The Committee proposes that a list of the benevolent societies in the different countries, willing to help foreign prostitutes who are to be expelled, be circulated to the Central Authorities and to private organizations occupying themselves with the same kind of work in all countries, to members of the League, or parties to the Conventions and Agreements of 1904, 1910-1921.

To this end the Council is requested to instruct the Secretariat to ask the Governments to give a list of the organizations willing to assist expelled prostitutes.

The Committee invites philanthropic associations to make arrangements in their own countries for the coöperation necessary with a view to immediate action

in agreement with the National Committee for the Suppression of the Traffic in Women in each country.

Considering the discussion that has arisen during the debate on Dr. Estrid Hein's resolution and which has placed the problem of the deportation of prostitutes in the foreground, and

Considering the exceedingly complex nature of the problem from the legal, political, humanitarian, and social points of view,

The Committee decides to examine the problem of the expulsion of prostitutes in all its aspects. It appoints a *rapporteur*, and requests the Council to ask the Secretariat to invite the various Governments to furnish information on the question, in order that it may be discussed at the next meeting of the Committee.

WOMEN POLICE.—The Committee has noticed the increasing interest which has been shown in the question of the employment of women in the police of several countries in all matters affecting the protection of women and children, and, as those countries are of opinion that such appointments will largely tend to decrease the evils of the traffic in women, requests the Council of the League to instruct the Secretariat to apply to all States for full information on the subject. Such information should be classified for presentation to the Committee at its next session.

OBSCENE PUBLICATIONS.—The Women and Children Committee, being of opinion that obscene publications contribute largely to undermining the morals of the young, and, therefore, encourage persons engaged in procuring victims for the traffic to continue and extend their activities, (a) places this question on the agenda of the next meeting of the Committee, and (b) asks the Council to instruct the Secretariat to obtain the periodical report recommended in paragraph 9 of the Final Act in the International Conference of 1923 for the Suppression of the Circulation of, and Traffic in, Obscene Publications, in order that these reports may be submitted, if possible, to the Committee at its next meeting.

ALCOHOLISM IN ITS RELATION TO THE TRAFFIC IN WOMEN.—The Committee, having noted the contents of the report drawn up by the International Anti-Alcoholism Bureau regarding the question of the relation existing between the use of alcohol and prostitution, as well as those of other documents dealing with this subject, and being of opinion that they are of great value and that the examination of this question should be continued,

Invites the Secretariat to proceed with the study of this problem from the point of view of the traffic, in order that it may be considered during the next session.

ASSOCIATION NOTES

The sixteenth annual session of the Connecticut Conference of Social Work was held in Norwich, Connecticut, April 25-28, 1926. The opening session on Sunday evening was on the subject of children and some of the topics under discussion during the Conference were: Community organization, delinquency and correction, family, social

hygiene, mental hygiene, social service exchanges, publicity methods, and the unmarried mother and her child. The concern of public health workers in the problems of social hygiene was the subject of a round table meeting on Wednesday, presided over by Dr. Daniel E. Shea, Chief, Division of Venereal Diseases, Connecticut State Board of Health. The Vice-chairman, Mrs. Arthur Corbin of the Civic Protective Association, New Haven, Connecticut, spoke on protective measures, and Dr. Edith Hale Swift, of the Department of Educational Measures, American Social Hygiene Association, was scheduled as the main speaker on the program. Miss Jean Pinney, also of the American Social Hygiene Association, presented a social hygiene exhibit throughout the Conference, which proved very effective.

* * * *

Dr. Walter M. Brunet of the Department of Medical Measures and Miss Jean Pinney of the Department of Administrative Measures attended the annual meeting of the Erie Social Hygiene Association, in Erie, Pennsylvania, on May 3d. A dinner was arranged, which was attended by over 90 persons and the entire program was interesting and well presented. The meeting was opened by the Rev. Oliver Horsman, followed by Rev. H. H. Boyd, who presented the retiring chairman, Ross Pier Wright, with a silver loving cup, a gift from his associates in appreciation of his seven years of untiring work in behalf of the Association. Although retiring from active chairmanship, Mr. Wright will remain as a director of the Association. Dr. William C. Allen, Chief Examiner of the State Genito-Urinary Dispensary, reported that the incidence of venereal diseases has lessened 50 per cent in the last four years in Erie. After the election of directors, Dr. Brunet was introduced and spoke on *What Price Syphilis*, tracing the relation between venereal diseases and blindness, deafness, feeble-mindedness, insanity, and other ailments, closing with the statement that modern science now has at its command the means of wiping out these diseases during the present generation. The last speaker was Miss Pinney, who spoke briefly of the work of the American Social Hygiene Association and its coöperation with the local hygiene societies.

* * * *

Dr. Valeria H. Parker, Director of the Department of Protective Measures, sailed for Europe on May 14th as fraternal delegate from the National Council of Women to the International Woman Suffrage

Alliance Congress to be held in Paris, May 30th to June 6th, for the purpose of developing mutual understanding on common problems of the United States and the Nations of Europe, and particularly for promoting international agreement upon the importance of maintaining high equal standards of morals for men and women with special reference to sex conduct. While abroad, Dr. Parker will confer with organized groups in England, Holland, France, Germany, and Italy. Two months or more will be required to complete the program which has been planned, and Dr. Parker will not sail for the United States until July 31st, when she will leave Naples on the steamship Conte Rosso which arrives in New York about August 9th.

* * * *

At the close of the Second Pan-American Red Cross Conference in Washington, D. C., May 25th to June 5th, the delegates will come to New York for special conferences, June 6th to 8th. One day is to be spent in the offices of the National Health Council to acquaint the delegates with the special work of each of the organizations affiliated in the Council. The American Social Hygiene Association will act as host to the Pan-American delegates at dinner on June 8th, on which occasion there will be a discussion of common problems and a review of the findings of the All-America Conference on Venereal Diseases held in Washington, D. C., in 1920, under the auspices of the American Red Cross, the United States Public Health Service, and the American Social Hygiene Association. The first Pan-American Red Cross Conference was held in Buenos Aires in 1923.

THE FORUM

The JOURNAL will publish selected letters or excerpts considered of general interest, assuming no responsibility for the opinions expressed therein. Communications must be signed, but publication of signatures will be withheld when so requested.

April 27, 1926.

To the Editor:

It is probable that the readers of your JOURNAL will be interested in the following observations on vice conditions in New York over a period of years:

To determine the extent of the accomplishment of social hygiene, a basic date for comparison must be first determined.

For New York City such a date should be 1905, for in that year were organized both the Society of Sanitary and Moral Prophylaxis and the Committee of Fourteen, the field of the former being medical and educational, of the latter, law enforcement.

Prior to that time, such instruction as was given on sex problems had been primarily on personal purity lines. What law enforcement endeavors had previously been made, had been directed toward the corruption of the police by the vice promoters, and an effort to secure international treaties for the suppression of white slave traffic.

At the time there was a great lack of clinics for the treatment of venereal cases and hospital accommodation for bed cases. In New York and all other large cities, such action as the police took against the vice resorts resulted merely in restraining the outward evidences of the evil, for the courts rarely imposed punishment other than a fine.

In New York City disorderly "parlor houses" were to be found in various sections, particularly the so-called "Tenderloin." Disorderly saloons and hotels were likewise scattered about the city, although there was a definite localization on economic lines, *e.g.*, cheap places in the poorer parts of the city, and the more expensive in and around the amusement centers. Street walking by prostitutes was most flagrant.

In 1925, or twenty years later, "parlor houses" had been unknown for at least ten years. Open vice resorts, licensed to traffic in liquor, and hotels furnishing accommodation to prostitutes and their customers had been closed, while those which had accommodated transient couples—the woman not a prostitute—were no longer a danger. Street walking had become so rare in New York as to be unnoticeable. Prostitutes in the tenement house, an evil particularly serious before 1905, now exercise great caution in accepting visitors, because of the probability of apprehension and of punishment. Everyone, despite what his opinion may be upon the subject of the necessity of sex relations and of interference with individual liberty, admits that the reduction in the observable vice in New York City has been most remarkable.

Put in another way, it was estimated that there were in New York, before the "parlor houses" were closed, approximately 100 such places, having on the average ten inmates, who averaged ten customers a night. A conservative estimate of the number of women on the street and in the public resorts before repression was attempted, was 3000, and that they averaged three men a night. There were probably in those days fifty hotels in New York whose sole business was the transient couple. They averaged twenty rooms, and each room was used twice in 24 hours. This makes 21,000 extramarital contacts a night.

Conservative estimates of the number of prostitutes in New York City at the present time vary from one to three thousand, though it is agreed that there are probably not more than 1000 who receive customers on any one night, and that it is the exception rather than the rule that these women secure more than one man in any one night. There are no longer any hotels in New York which specialize in transient couples, although it is possible for any such couple, if known to the hotel clerk, or if having hand baggage, to secure a room in many of the smaller hotels. This may mean 1250 to 1500 contacts a night.

There is a considerable discussion at the present time as to the comparative amount of venereal disease. It is claimed by some that the closing of the vice districts has resulted in an increase of the disease, it being held, with little positive evidence, that the clandestine prostitute or the "charity" girl is more likely to be diseased than the woman who depends solely for her livelihood upon immoral acts.

It is agreed that the reporting of venereal disease is very partial, so that the Health Department Reports cannot be a satisfactory basis for an opinion. It is generally agreed that there is much more gonorrhea than syphilis, and yet, the number of cases of the latter reported to the Health Department is but one-half, or less, the number of cases of syphilis. This is easily understandable, since the average venereal specialist can satisfactorily determine gonorrhea by the use of his own microscope, but everyone recognizes that the Wassermann test requires expert laboratory operation. There is also every reason to believe that the teachings of the social hygienist, and particularly the instruction given to the troops during the war as to the dangers of venereal diseases, has materially reduced self-medication or treatment by druggists and quacks. In New York, it is illegal to advertise to treat "Diseases of Men." Anyone discussing the subject with the man in the street will find that the old theory of the transient evils of gonorrhea are no longer advanced.

Since the incidence of venereal diseases increases with the number of contacts, and since these have been very greatly reduced, there has been undoubtedly a great decrease in the actual amount of venereal diseases. As it is impossible to satisfactorily estimate the amount of disease at the present time, and as no one knows any better the extent of the disease 20 years ago, a definite comparison is impossible.

The elimination of the segregated district, of the open vice resort, and street walking by prostitutes, has unquestionably reduced extramarital sexual indulgence. There is a question, however, as to what effect the considerable repression of the public prostitute has had upon the amount of such indulgence with the private woman. It is frequently stated that there has been an increase of this class of indulgence, it being argued that if a man with an unrestrained sex desire cannot find a public woman, he will seek a private one. It has already been stated that public accommodations for such relationship have been very greatly reduced in New York City, and for all anyone knows, opportunity was taken of the private facilities just as much 20 years ago, as to-day. Somewhere and somehow, in those earlier days, a woman began her sex experience, for there is little, if any, evidence that a woman becomes a public prostitute without previous non-commercial experience. Moreover, though the segregated districts existed, its resorts found their customers in the main either among those whose sex desires had the strength of youth or among those who had not money to pay the more exclusive woman. Thus, there was undoubtedly a considerable class of men who were doing what it is claimed is very common to-day—seeking and using the woman who is not of the common prostitute class.

From a more or less continued discussion of the problem with those in various walks of life, it seems probable that at the present time there is less extramarital indulgence among men, due to a better knowledge of the sexual physiology

and the really serious danger of the diseases of promiscuity. The increase in athletics, with the demand that men keep themselves constantly in good condition, has likewise tended to reduce masculine extramarital indulgence.

On the other hand, it is the general opinion that both in England and the United States, there has been an increase of extramarital relations by women. This is attributed to the greater freedom of women beginning with the war, and, in England particularly, to the increased number of unmarried women. It is also attributed to the constant suggestion, made on the stage and in fiction, that there is much more sex desire among women than has, heretofore, been recognized, and that this had led women to experiment with sex relations to a greater extent than formerly.

Despite all that is being said about interfering with personal liberty, an administration which even suggested, much less permitted, a return to the toleration of vice which existed in New York City in 1905, would be committing political suicide. The present leaders of Tammany Hall are far too wise, if not too good citizens, to even consider such a proposal.

What has been accomplished in the greatest business and amusement center of the New World can be likewise accomplished in smaller cities when an aroused public opinion so demands.

FREDERICK H. WHITIN,

Secretary, Committee of Fourteen.

BOOK REVIEWS

THE CITY. HUMAN BEHAVIOR IN THE URBAN ENVIRONMENT. By Robert E. Park, Ernest W. Burgess and Roderick D. McKenzie. Chicago, Illinois: The University of Chicago Press, 1925. 239 p. \$2.00.

The blurb on the jacket of this book contains the following statement: "Fiction has been, thus far, almost the only kind of document to concern itself with the city as a social entity." The claim seems to be justified with perhaps some exceptions as to periodical literature. It is surprising that so fascinating and yet so important an entity has so long been neglected by our sociological authors. The new book by Professors Park and Burgess will therefore be read with special interest—and it *is* interesting.

One might wish that the original data on which the book is based had been drawn from several different cities, rather than almost exclusively from Chicago. The question arises in the mind of the reader whether this one city is typical. Nevertheless, the book is most valuable as a pioneer of its kind.

The book is a composite of independent essays by three authors, as

some of the chapter headings will indicate: *The City: Suggestions for the Investigation of Human Behavior in the Urban Environment*, by Robert E. Park; *The Growth of the City: An Introduction to a Research Project*, by Ernest W. Burgess; *The Ecological Approach to the Study of the Human Community*, by R. D. McKenzie; *Magic, Mentality, and City Life*, by Robert E. Park; and *Can Neighborhood Work Have a Scientific Basis?* by Ernest W. Burgess.

To the reviewer, the most valuable addition to knowledge contained in the book seems to be the chapter by Professor Burgess on the growth of the city. In this chapter Professor Burgess has worked out an ingenious zone map illustrating the processes of the expansion of the city of Chicago by means of a series of concentric circles. This can best be explained by using Professor Burgess' own words, as follows:

This chart represents an ideal construction of the tendencies of any town or city to expand radially from its central business district—on the map “The Loop” (I). Encircling the downtown area there is normally an area in transition, which is being invaded by business and light manufacture (II). A third area (III) is inhabited by the workers in industries who have escaped from the area of deterioration (II) but who desire to live within easy access of their work. Beyond this zone is the “residential area” (IV) of high-class apartment buildings or of exclusive “restricted” districts of single family dwellings. Still farther, out beyond the city limits, is the commuters’ zone—suburban areas, or satellite cities—within a thirty to sixty-minute ride of the central business district.

This chart brings out clearly the main fact of expansion, namely, the tendency of each inner zone to extend its area by the invasion of the next outer zone. This aspect of expansion may be called *succession*, a process which has been studied in detail in plant ecology. If this chart is applied to Chicago, all four of these zones were in its early history included in the circumference of the inner zone, the present business district. The present boundaries of the area of deterioration were not many years ago those of the zone now inhabited by independent wage-earners, and within the memories of thousands of Chicagoans contained the residences of the “best families.” It hardly needs to be added that neither Chicago nor any other city fits perfectly into this ideal scheme. Complications are introduced by the lake front, the Chicago River, railroad lines, historical factors in the location of industry, the relative degree of the resistance of communities to invasion, etc.

Besides extension and succession, the general process of expansion in urban growth involves the antagonistic and yet complementary processes of concentration and decentralization. In all cities there is the natural tendency for local and outside transportation to converge in the central business district. In the down-town section of every large city we expect to find the department stores, the skyscraper office buildings, the railroad stations, the great hotels, the theaters, the art museum, and the city hall. Quite naturally, almost inevitably, the

economic, cultural, and political life centers here. The relation of centralization to the other processes of city life may be roughly gauged by the fact that over half a million people daily enter and leave Chicago's "loop." More recently sub-business centers have grown up in outlying zones. These "satellite loops" do not, it seems, represent the "hoped for" revival of the neighborhood, but rather a telescoping of several local communities into a larger economic unity. The Chicago of yesterday, an agglomeration of country towns and immigrant colonies, is undergoing a process of reorganization into a centralized decentralized system of local communities coalescing into sub-business areas visibly or invisibly dominated by the central business district. The actual processes of what may be called centralized decentralization are now being studied in the development of the chain store, which is only one illustration of the change in the basis of the urban organization.

Special attention is also directed to the chapter by Professor Park on community organization and juvenile delinquency. This chapter is very readable and of special interest to social hygienists.

The book is recommended to all thinkers.

G. E. W.

THE CHEMICAL AND PHYSIOLOGICAL PROPERTIES OF THE INTERNAL SECRETIONS. By E. C. Dodds and F. Dickens. Oxford University Press, 1925. 214 p. \$2.50.

This recent addition to the Oxford University Publications was written primarily to provide workers in the field of endocrinology with "a summary of the literature dealing with the chemical aspects of the internal secretions." It is not a book for the general public. Only about one-tenth of it is given over to general considerations, including those of a physiological sort. And these are so brief and in so technical a form that only the professional is likely to read them with patience and profit.

Of the six chapters, the first and longest is devoted to the pancreas, whose extract as prepared by the Toronto group of investigators a brief four years ago has wrought such wonders in the lives of diabetics. The last significant discovery in this connection is not included, however. The omission is entirely pardonable. For it was but three weeks ago, as this review is being written, that Professor Abel of Johns Hopkins University Medical School announced the isolation of the active principle of insulin in crystalline form.

Chapters two, three, and five, devoted to pituitary, thyroid, and adrenal secretions, need only be mentioned here. Some recent titles are quite naturally absent from the bibliographies, comprising more

than four hundred references, that are appended to the several chapters.

Chapter four, on the internal secretions of the ovaries, embodies in a brief twelve pages everything the authors have to say about the influence of the internal secretions of the sex glands on sexual behavior and the physiology of reproduction. The isolation of a hormone from the ovarian follicles by Allen, Doisy, and their associates is considered, a hormone interesting for its accelerating effect on puberty and the production of oestrus (heat) in castrated animals. Only two weeks ago, Dr. Papanicolaou of Cornell University Medical College announced that he had been able to distinguish this follicular hormone from a second that was obtainable from the corpus luteum, and that neither was effective *when given by mouth*. The last clause is worth pondering in the light of the popularity of ovarian substance in the therapeutics of to-day.

In a final chapter entitled "Miscellanea," secretin (to which the term *hormone* was first applied) and the chemistry of the parathyroids are discussed, together with a crystalline substance originally isolated from the spermatie fluid and called for that reason spermine. The last is not to be confused with testicular hormone. Though its chemical structure is pretty well known, we are entirely ignorant of its physiological activity. The reverse is true of the internal secretion of the testicle, which is known only through its effects. Indeed, it is not once mentioned in this book devoted to the chemistry of the internal secretions.

The chief merits of the present volume lie in the concise descriptions in chronological order of methods which have been and are being employed for the preparation of extracts of the organs of internal secretion; and in the literature lists, both of which will prove useful to the investigator.

HARRY BEAL TORREY

BRIEFER COMMENT

FEDERAL NARCOTIC LAWS: A Digest and an Editorial Article. For Doctors of Medicine. Los Angeles: Los Angeles County Medical Association, 1925. 45 p. 25 cents.

This publication is intended to give the physician a better understanding of his position, rights, and limitations under the Federal law and to point out the inconsistencies and inadequacies of the law as it exists and is interpreted.

GESCHLECHTSKRANKHEITEN UND PROSTITUTION IN SKANDINAVIEN. By Dr. Hans Haustein. Berlin: Fritz Kater, 1925. 24 p.

The author deals in this pamphlet with the question of prostitution and its relation to sex diseases with regard to a bill reintroduced in the German Reichstag, and shows what is being done in neighboring countries such as Denmark, Sweden, Norway, and Finland.

"OUR STATE WELFARE DEPARTMENT." Philadelphia: Public Welfare Association of Pennsylvania, 1926. 23 p.

The interesting story of the Pennsylvania State Department of Welfare, now in its fifth year, is attractively told in a pamphlet recently issued by the Public Charities Association. This Department, organized in 1921, largely through the efforts of the Association, has become a most important one. The pamphlet briefly outlines its aims, accomplishments, and opportunities for service. An earnest plea is made that it be kept free from politics.

PROCEEDINGS OF THE FORTIETH ANNUAL MEETING OF THE CONFERENCE OF STATE AND PROVINCIAL HEALTH AUTHORITIES OF NORTH AMERICA. Held at Montreal, Canada, June 4, 5, 1925. Lansing, Mich.: 1925. 149 p.

Of special interest along social hygiene lines, in this wealth of material, is the report of the Committee on venereal diseases, which shows from statistics compiled that wide-spread infection constitutes a very real public health problem with little effort made to check it.

PROCEEDINGS OF THE TWENTY-NINTH ANNUAL CONVENTION OF THE NATIONAL CONGRESS OF PARENTS AND TEACHERS. Held in Austin, Texas, April 27 to May 2, 1925. 325 p.

A full report by the chairman of the various committees and by the state presidents. The report of the Social Hygiene Committee covers five pages and gives details of the education work done through the coöperation of the American Social Hygiene Association. The lack of a table of contents and an index detracts the value of the proceedings for reference use.

PUBLICATIONS RECEIVED

Under this head the JOURNAL OF SOCIAL HYGIENE lists publications received and not reviewed. Those which fall sufficiently within its field and are of sufficient importance to its readers to warrant comment will be reviewed in later issues.

BIRTH CONTROL. The Handbook Series. Selected articles compiled by Julia E. Johnsen. New York: The H. W. Wilson Company, 1925. 369 p.

DISEASE PREVENTION. By Herbert H. Waite, M.D. New York: Thomas J. Crowell Company, 1926. 667 p.

FEEDING, DIET AND THE GENERAL CARE OF CHILDREN. A Book for Mothers and Trained Nurses. By Albert J. Bell, M.D. Philadelphia: F. A. Davis Company, 1924. 290 p.

INTERNATIONAL CLINICS. Vol. 1. Thirty-sixth Series, 1926. Philadelphia: J. B. Lippincott Company, 1926. 309 p.

LAWS RELATING TO SEX MORALITY IN NEW YORK CITY. By Arthur B. Spingarn. Revised by W. Bruce Cobb. New York: The Century Company, 1926. 171 p.

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SPECIAL BOOK REVIEW NUMBER

THE CHALLENGE OF CHILDHOOD. Studies in Personality and Behavior.

By Ira S. Wile, M.D. New York: Thomas Seltzer, 1925. 305 p.
\$3.50.

Dr. Wile is no ordinary physician, educator or writer. He has had a wide and varied experience in all these fields both professionally and administratively. My criticism of this book is that the publisher did not contrive somehow to get into it a foreword by someone who could tell the reader, who does not know Dr. Wile personally, about the rich background of experience upon which he bases his studies and appeal for the child. His reason for the book may be summed up in these words: "Upon the quality and intelligence, as well as upon the scope, of the efforts made to guide childhood to socially effective adult life depends much of the future of civilization. The multitude of capable, devoted men and women whose lives are consecrated to this purpose bears witness to the extent and complexity of the problem. It is my deepest hope that to such workers this record of experiences and opinion may be helpful and fruitful."

This table of contents which divides fifty case histories under four headings—Physical Problems, Intellectual Problems, Emotional Problems, Social Problems—indicates the original character of the book. These narrative histories with the general introduction and conclusion form a volume which is proving of great value to all child welfare agencies and individual workers. The interweaving of medical

sociology with the educational and home conditions of child life is particularly well done. The Stories of "Olive" and "Emily," for example, will give many readers for the first time a picture of what the faulty functioning of endocrine secretions, which are so much talked about, may do to a child, and of what medical science may do toward improvement of such children's opportunities. The discussion of the problem of masturbation is particularly helpful. Each case has been selected with the purpose of visualizing for the reader a type which will be found frequently among children who are not normal or are not normally adjusting themselves to life. In his concluding chapter, Dr. Wile says: "The child is a biological unit." "The mind and the body are not separate entities, but merely different manifestations of life which are inseparable." "The mind is merely a mechanism by which an individual secures adjustment to his environment, and by means of which he responds to internal and external stimuli. The degree of his adjustability is determined by a variety of factors." ". . . it is evident that the anatomy and physiology of a child influence the expression of his instincts and the evolution of his emotions. His psychology and pathology profoundly affect his will. Anatomic anomalies may interfere with social development. Dominating instincts may hamper social adequacy. Social experiences may stimulate or check physiological activity. Social expansion or contraction may release or check emotional activity. During the whole of life these manifold interacting elements are constantly at work."

The viewpoint Dr. Wile has aimed to project involves "the integration of the physical, mental, emotional, and social factors into a unitary being, rather than their separate consideration as wholly independent elements, as ordinarily understood." At another point the author says, "The raw materials of childhood are not identical. The machinery, the tools, and the methods of fashioning character vary greatly." "Uniformity is never attained—no two children are exactly alike." "The child develops a personality out of the internal and external states that condition him."

One of Dr. Wile's allusions is to the Kaffir in Africa who cannot always distinguish between himself and his shadow; and to less primitive adults who unconsciously seek to identify the virtues of their children as reflections of themselves. But he observes that they

are less likely to make a similar correlation with the faults of their children. The author says:

"Each generation creates its own problems, although the essential, underlying principles of childhood are reasonably stable. In order to appraise children's reactions, we must know the stimuli to which they are exposed, and their responses to the same. There have been recurrent fears for each younger generation, although possibly never more marked than at present.

To-day, problems of conduct are peculiar only to the extent that the world has been newly transformed for adults as well as for children. There are a vast number of liberated ideas which are in process of digestion and assimilation, and some social dyspepsia exists. Adult attitudes toward marriage, home-making, religion, and observance of law are in a state of transition. New theories of liberty and freedom in education, and the penetration of psychology theories, involving a stress upon the hazards of repressions, have altered methods of child guidance. The effort to equalize opportunities for men and women, woman suffrage, and the development of athletics and other recreations for girls have created a greater freedom and expansibility in the lives of adolescent girls. Urbanization and industrialization, fast moving automobiles, too lurid moving pictures, electric lights, and telephones have built a world for childhood and adults which neither fully understands. The prolongation of mandatory school life, the increased numbers of students in high schools and colleges, and the wider distribution of newspapers, magazines, and books have raised intellectual standards, and youth is more inclined to think for itself instead of blindly accepting authority from above. As a result of the war, we have world disorganization, profiteering, and disillusionment, which, with the Volstead Act and jazz, have disrupted public opinion. Individual judgment is weakened through the crumbling of definite standards.

Collective thinking and feeling have not been focused upon the way out because they have been too intent upon grasping the changed conditions themselves. Hence, the conduct of children looms large when attention is directed to the implications of an increasing youth movement.

Some dwell upon the iniquities of youth, while others see only their virtues, failing to appreciate the relation of both to the world in which youth finds itself to-day.

There is no need for pessimism. While our adolescents are more familiar with life than were the children of earlier generations, their freedom in the discussion of topics previously held taboo by society makes such subjects less mysterious and, so, less harmful. Furthermore, the earlier social development of our boys and girls makes them more valuable through their eagerness for responsibility, independence, and service.

After all, the rolling hoop of conduct is a living hoop, made of parents and children clinging each to the other, and propelled by social forces. The direction of any hoop along life's course is governed by the relative position of parent to child, and by the force, intensity, and duration of the pressure from without.

When parents and teachers appreciate the general principles of child develop-

ment, and then apply them intelligently to the individual child, remembering as much as possible of their own early lives and their reactions during that period, then will the faith on which all child culture must be founded, be justified; then will we have left this clumsy world a better place for children than we found it.

The author concludes with the following advice regarding a balanced program: "Finally, the variant child should not be viewed as the problem. But his behavior should be regarded as the compound of those life forces which more truly constitute the problem. The solution of the difficulties of each child involves an attempted adjustment of these living elements, which for practical purposes of discussion have been classified as physical, mental, emotional, and social problems. The end and aim is to seize upon the unitary personality of the child, guiding, influencing, and assisting him to secure physical, mental, emotional, and social health—that is, to attain a mastery of the art of living.

"Veritably the child is a creature of the present being molded by the past to live in the future."

WILLIAM F. SNOW, M.D.

MOTHERS AND DAUGHTERS. By Jessica G. Cosgrave. New York: George H. Doran Company, 1925. 117 p. \$1.50.

The mother of a grown daughter and the principal of a private school for girls discusses "Mothers and Daughters." The style is chatty and that of the spoken rather than the written word. It is not a scientific treatise and the scientist may frown at the use of some terms. The book is for mothers who should receive encouragement by Mrs. Cosgrave's attempt to prevent their being influenced by "the crowd" and to urge them in keeping up standards. Mrs. Cosgrave speaks of "counteracting" the influence of the telephone and automobile—counteract is an ill-chosen word. It insinuates "bad," whereas we do not wish to stamp modern necessities as such. We must adjust our lives to the present day conditions to *prevent* ills rather than to *counteract* them.

There is a great deal said about the mother's attitude toward her daughter's activities, and a little about father's. The reviewer believes that the parents' attitude about their own activities would be a greater influence on their children's character than what either parent may say. The moral character of our parents and teachers

and others with whom children come in contact will have more influence on the moral character of our youth than anything else, in the reviewer's opinion.

Mrs. Cosgrave's book will interest many mothers. Its appeal is for a limited audience as it is directed to families with independent incomes sufficient to warrant many luxuries. Her attitude of the girl's vocation filling the gap between school and college and perhaps being resumed in middle life shows little real understanding of the trained woman. That problem cannot be solved so easily. Mrs. Cosgrave's wish that art be the vocation of girls does not show any appreciation of individual differences. All girls are not interested in art.

The author's purpose of encouraging mothers toward a helpful attitude in solving problems is a worthy one. Her concluding sentence is, "May all mothers feel renewed courage in these inspiring days, realizing that while perhaps it was never more difficult to give to children just the right influences, it certainly was never more worth while."

EDITH MULHALL ACHILLES

COLUMBIA UNIVERSITY

SEX AT CHOICE. By Mrs. Monteith Erskine. With an Introduction by James Monteith Erskine, M.P. for the St. George's Division of Westminster. New York and London: G. P. Putnam's Sons, 1925. 187 p. \$2.00.

Many centuries ago Hippocrates and later Galen propounded the thesis that the right ovary is the sole creator of boys. Mrs. Erskine seeks to prove this point. Later, Thury announced that the impregnation of an ovum before menstruation was productive of females, while males were conceived only after the period. This, also, Mrs. Erskine seeks to demonstrate as truth.

Fortunately, chance offers the propounder of any theory of sex determination fifty per cent in his favor. Mrs. Erskine undoubtedly believes in the soundness of her conclusions to succeed almost one hundred per cent. From the standpoint of biology, anatomy, and physiology, much is lacking to make her conclusions convincing. Her lack of systematic data and the inadequacy of reference cannot be atoned for by testimonials of successful issue. The all too free use of statistics by estimation tends to weaken the force of argument.

How easily she solves weighty questions! "A tubercular father need have little anxiety if he confines himself to sons only. A mentally deficient mother might, without apprehension, have a family of girls." Mrs. Erskine is a strong believer in prenatal influence and does not doubt that "the moral influence of the mother on her unborn infant is omnipotent." Hence, it is understandable that she deems the welfare of nations to depend "on the common sense and morale of its women."

Her judgments smack of adolescent finality. One is tempted to question much of what she states as conclusive. She asserts, for example, that nausea of pregnancy is more severe in girl gestation. She opines that the great mortality among boy babies is due to two causes, their more delicate digestion and the often ignored necessity for circumcision. One is shocked to note the implication that the decreased infant mortality in New Zealand was related to the fact that women were given the vote. One might almost and with equal truth say that this marvelous superiority in the numbers of children reared in New Zealand dates from the time that belts were introduced instead of suspenders.

It is absurd to announce, "the young girl who from childhood has been ashamed of her sex development and who to look more 'boyish' reduces her hips to a minimum, will never have a healthy and normal motherhood." Her views on anatomy and physiology are not based upon scientific investigation, but are largely conjectural and assumptive.

Throughout the book, one finds statistical statements wholly at variance with the facts recorded in the vital statistics of this country. She alleges, for example, that there is a predominance of girls as first or only children, and that there are more sets of girl twins born than boy twins. This may be true in her limited experience, but not in that of the world.

Her formula for determining sex is to promote conception centering around the twelfth day following the beginning of menses if a male is desired, and on the twenty-first day of the lunar month, or the seventh day before the onset of menses, if a female is desired. This is all too simple, but, nevertheless, there is little doubt that, by following these directions, at least fifty per cent will secure the desired male or female. The failures can be accounted for by freakish performances of the left ovary.

As a whole the book is of interest as representing the conclusions of one person concerning sex determination. Weakly opposing birth control, the author is fostering a willingness for greater birth release to secure desired offspring of predetermined sex. Her formula is not to be regarded, however, as a guaranty of such determination. When success follows its use parents will praise, and when it fails, everyone knows that exceptions prove the rule. IRA S. WILE, M.D.

EVOLUTION GENETICS AND EUGENICS. By Horatio Hackett Newman, Professor of Zoölogy in the University of Chicago. Second Edition. Illustrated. Chicago, Ill.: The University of Chicago Press, 1925. 639 p. \$3.50.

It is gratifying to see a second edition of Dr. Newman's excellent collection of readings in the broad field of evolution and heredity after only four years since the publication of the first edition. Undoubtedly, there are still many people abroad who do not "believe in" heredity, just as we have been forcibly notified of the many who object to others "believing in" evolution. For those, however, who are not afraid to find out what facts science has presented, as distinguished from the theories with which scientists operate, will find in this book a most convenient collection of significant extracts.

The second edition is more than 100 pages larger than the first, the new material being confined almost entirely to eight additional chapters. Some of these are made necessary by the rapid growth of knowledge, while others are made expedient by changes in public interest. There is, for example, a new chapter on "The Present Anti-Evolution Campaign in the United States," and one on "The Fundamental Assumptions Underlying All Evidences of Evolution." The chapter on "Adaptations" has new matter in it, and there is a new chapter on "How Organisms Reproduce Themselves." Of the material which has to do with recent developments in science, there is a chapter on linkage in heredity and the architecture of the germ plasm, one based on Dr. Newman's own research on twins, and new material presenting the work of Guyer on a possible mechanism for the transmission of acquired characters, and other selections on mutations.

This is on the whole the most satisfactory single book on the subject and it should serve as a helpful introduction as well as a guide to further reading.

BENJAMIN C. GRUENBERG

AMERICAN ASSOCIATION FOR MEDICAL PROGRESS

OTHER PEOPLE'S DAUGHTERS. By Eleanor Rowland Wembridge. New York: Houghton Mifflin Company, 1926. 333 p. \$2.50.

When, a year ago, the book of sketches entitled *Seven Girls* was briefly discussed in these pages, the reviewer laid down the little volume with the involuntary exclamation, "Let's hope she gives us more of these!" And the author has kindly obliged. In addition to the original group, *Other People's Daughters* includes ten more studies of those fascinating, if exasperating, creatures whom we met in "Gertrude and Gus," "Silk Stockings," and "Bullieve Me."

In a short foreword, Dr. Wembridge announces the purpose of her stories: "to bring the complex inner life of a few inarticulate people before the student of human behavior" not merely, she adds, as a writer of fiction, nor as a dispassionate recorder of facts, but rather as a witness. She has admirably achieved her goal. The student will indeed find here rich material for his microscope, catalogued in the language which he speaks—the facts are all there—and best of all, to your true student, none of the problems are solved. There are no answers in the back of the book. On the other hand, so entertainingly and so tenderly are the stories told, that Mr. and Mrs. Average Person, without special knowledge of intelligence quotients and behavior patterns, find themselves following the fortunes of Irene and Nicholas, Greta and her Jim, Goldie Grasshopper, and the irrepressible Tilly, with real interest and sympathy.

There is plot in these sketches, though more often than not the dénouement is a question mark. There is pace and suspense. "Seven P.M.," described as a study in fatigue, moves to its inevitable climax with the breathtaking rush of a high-speed elevator. There is humor, witness Tilly. There is pathos, as in "The First of May." There is power, and beauty of words, and most of all, there is truth.

"We all know them by sight," the blurb on the jacket says of the people in this book. Alas, most of us have closer acquaintance than that! For the problems of these girls and their husbands and sweet-hearts, their families and friends, as set down here, are but our own problems. In a different setting, perhaps, accentuated or diminished by circumstances, but indubitably the same basically. The themes of these stories, as set forth in the short technical paragraph opposite the title page of each one, are themes on which we might build tales of our own, and Goldie and Greta and Gertrude are but symbols of a common, tangled experience.

Perhaps that's why we like so well to learn how "other people's daughters" find their way out.

J. B. P.

SPECIALIZED COURTS DEALING WITH SEX DELINQUENCY. A Study of Procedure in Chicago, Boston, Philadelphia and New York. By George E. Worthington and Ruth Topping. Publications of the Bureau of Social Hygiene. New York: Frank H. Hitchcock, Publisher, 1925. 460 p. \$3.00.

One of the most interesting developments in the attempt at reformation of the inferior criminal courts is that leading to the creation of so-called morals courts. Before these tribunals are brought persons accused of offenses in the field of sex delinquency, and although there is still great lack of unanimity with reference to the treatment of problems in this field of human behavior, there is no doubt that the experimentation carried on by and through these courts will prove of very great service both in supplying a body of fact with reference to the general character of these offenses and a body of experience in different methods of treating offenders in this field. Such courts have now been established in a number of cities and those in Chicago, Boston, Philadelphia, and New York have been made the subject of close scrutiny and of comparative study by the authors of this volume. It should therefore be of interest to social workers, health officers, probation officers, and judges of inferior courts having to do with offenses connected with organized vice. Even greater interest should be felt in the facts contained in this study by careful students of the problem who realize that facilities for medical and psychiatric diagnosis as well as for high social intelligence must be provided and made available to the judges if they are to deal with any degree of success with this class of offenders. Reference has been made to the lack of unanimity characteristic of the views of workers in fields relating to this problem. There is, for example, the emphasis on protection of the public health to which the efforts of many health departments are directed. The line, however, between health activities carried on in behalf of the public and health activities looking toward the protection of vicious practices is often very hard to draw and difficult to see. The maintenance of a single standard of treatment for men and women is impossible until there is an equal concern for the morals of men and the social rehabilitation of women who have offended.

There is often in this field a substantial denial of just and constitutional rights to women, and it was to answer some quite elementary questions with regard to the right of trial by jury granted to certain accused persons that the first of this series of investigations was undertaken. The necessity of obtaining data for comparative purposes revealed itself and the other inquiries followed. The volume therefore consists of six articles reprinted from various numbers of the JOURNAL OF SOCIAL HYGIENE. Of these six, the first four report results of investigation in Chicago, New York, Boston, and Philadelphia. The fifth and sixth articles summarize, compare, and suggest features essential to such a court if adequately organized and equipped.

Lack of space forbids elaborate statement of the findings of these quite thorough and comprehensive investigations, but attention should be called to the very large mass of exact information with reference to the personnel of the courts, the qualification of judges, the number and general character of the accused, the disposition of the cases, and the relation between the court and such antecedent law enforcing agencies as the police, and such institutions for detention and punishment as the local prisons and the probation staff. It is obvious, of course, that these courts present only one aspect of criminal procedure with which municipal courts have to deal. In these same cities there are other specialized courts for dealing with problems of domestic relations and juvenile crime. These courts, however, probably deal with the most difficult aspect of city life, and this study brings out the extraordinary difficulty involved in attempting to deal constructively with persons accused in this field. Such difficulty is no reason for timidity or delay in the provision of proper resources for treatment. It does, however, suggest caution and above all perhaps the necessity of applying the principles of equal protection of the law and individualized treatment of accused persons which characterizes the recent movement in criminal law development. Of course the inferior criminal courts like other governmental devices can rise no higher in their social usefulness than the object sought by those responsible for the creation and conduct of the agency. If, as a matter of fact, the community cares little for equal treatment of men and women or for reducing the volume of sex indulgence, the court will prove of little social value. When, however, the community ceases to give lip service to the principles of equal treatment and really attempts to mete equal justice to men and women, and when

the disastrous consequences of irregular sex indulgence are genuinely apprehended by the social worker as well as the medical man, these courts will be among the most important agencies contributing to the solution of these difficult problems. In the meantime, possibly the most valuable service to be rendered in connection with them is the accumulation and publication of accurate, comprehensive, and intelligently analyzed facts. This volume is a most important contribution to this body of knowledge on which alone a sound policy can be grounded.

SOPHONISBA P. BRECKINRIDGE

THE GRADUATE SCHOOL OF SOCIAL SERVICE ADMINISTRATION
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CHILDREN'S READING; A GUIDE FOR PARENTS AND TEACHERS. By Lewis M. Terman and Margaret Lima. New York: D. Appleton and Company, 1926. 363 p. \$2.00.

What assistance has the specialist in statistical and scientific survey to offer in solving the ever present problems of children's reading? One answer is found in *Children's Reading*, by Lewis M. Terman, Professor of Education in Stanford University, and Margaret Lima, formerly Research Assistant in the Study of Gifted Children, Stanford University. The book is divided into two parts, the first having to do with "The Reading Interests of Children," the second, with "A Guide to Children's Reading."

In their study of the reading interests of children, the authors have discussed The Reading Habit, What is Children's Literature? Why Children Read? The Amount of Reading They Do, Individual Differences, Differences in Mental Ability, Sex Differences in Reading Interests, The Undesirable and the Desirable Book—all of which presents thoroughgoing material worthy of consideration by all students of children's reading.

I could wish, though, that the authors, in compiling their bibliographical guide, had made more use of their very interesting and helpful surveys of children's reading interests. For instance, in a carefully prepared table, in which is presented the "Percentage of Books Read by Types," both of gifted and average boys, while the survey disclosed that 88 per cent of a gifted boy's reading is fiction, and for the average boy, 92 per cent, in the bibliography, consisting of 160 pages, 100 pages are given to meet the 12 per cent non-fiction

interest of the gifted boy, and, for the average boy, only an 8 per cent interest in books other than fiction. And of the sixty remaining pages, in the way of stories, thirty of these list "Fairy Tales, Folk Tales, and Legends," leaving actually but thirty pages to meet the approximate 90 per cent, voracious, fiction reading interests of boys, both gifted and average.

Such "A Guide to Children's Reading," it seems to me, limits its usefulness very much. Librarians and teachers, and parents possessing the same understanding of and enthusiasm for literature as the authors, are likely to find it, as claimed, "a dependable guide by which the child can be easily and surely taught to appreciate and like good books," but the average parent, as I understand such folks, will not find the bibliography so dependable.

FRANKLIN K. MATHIEWS

CHIEF SCOUT LIBRARIAN AND
ASSOCIATE EDITOR *Boys' Life*

EXTRA-CURRICULAR ACTIVITIES IN THE HIGH SCHOOL. By Charles R. Foster. Richmond, Virginia: The Johnson Publishing Company, 1925. 222 p. \$2.00.

What a vast difference characterizes the social life of most high school pupils to-day as compared with that of twenty years ago! The author admits that there is a social problem in the high school but says it is a problem of administration, guidance, direction, time schedule, and management, rather than a problem of restriction, enforcement of law, and detection.

Twenty years ago the writer well remembers that such a thing as social programs for young people in the high school was unheard of and would not have been recognized as a part of the obligations of the school. Now we recognize that the formal subjects of the college preparatory type yield poor fodder with which to feed growing citizens. There have grown up extensive programs in pupil management of assemblies, of buildings and grounds, of clubs and entertainments, of school government itself. More and more really educational material has entered into these activities. The out of school organizations like the Girl and Boy Scouts and many similar ones have taught the schools that a lot of needful experience was being left out of pupil life.

How really remarkable our educational progress has been can only

be realized by remembering that in the period mentioned above our high school populations have increased in the neighborhood of 240 per cent. Had we now to deal with the old genteel class that used to come to the high school less credit would be due the school.

Mr. Foster's book represents a very useful summary of the many forms which extra-curricular activities may take, including with them words of caution and wise counsel.

A Junior or Senior High School which provides some opportunity for many clubs and activities to function, a social hour every week, an evening's supervised entertainment once a month, counsel and guidance for everyone, a directed and controlled sportsmanship for its athletics, is certainly doing its share in promoting the interests of social hygiene.

VERNON M. CADY

CHRISTIANITY AND DIVORCE. A New Interpretation. By Frank H. Norcross. Boston: The Stratford Company, 1926. 42 p. \$50.

The position of the Christian religion on the subject of marriage, as set forth by Bishop Manning, is that the man and the woman become one flesh. They are no longer two, but one. And what God has joined together man should under no circumstances set asunder. The separation of man and wife and their living apart, the Bishop declares, must in some cases be allowed. But separation is not divorce.

The position taken by Mr. Norcross is that when a union becomes one of intolerable cruelties, neglect, debasing association or a condition of master and slave, the law may declare dissolved what has already ceased to exist, if it ever had existed, in fact, without violating the teaching of Christ.

Both these positions, mutually exclusive and contradictory, are put forth on the authority of Christ. "His word," says the Bishop, "is conclusive." Just so, answers Mr. Norcross. But what is the correct construction of the utterances of Christ in respect to divorce?

This little book of less than fifty pages is a study of Christ's word about marriage and divorce. Its novelty lies in its discovery that Christ was not issuing a new law but was giving a new interpretation to an old law. The law of Moses permitted divorce on several grounds. And the lawyers had so interpreted the Mosaic Statute that a man could divorce his wife for any reason whatever, even for burning his cake. This laxity was productive of serious social evils. What Christ

did was to construe the Mosaic law, not abrogate it, and point out the effect of a pretended divorce not sanctioned by its provisions. In short, according to the author, Christ was not opposed to divorce authorized by law but to the misuse of it.

Mr. Norcross is undoubtedly correct in his interpretation of the law of Moses and the use to which Christ put it. Christ was in no sense a second law giver. He was concerned with the spirit of life and to transform him into a law-maker is to miss the supreme meaning of his teaching.

J. HOWARD MELISH

CHURCH OF THE HOLY TRINITY
BROOKLYN, N. Y.

WHY WE BEHAVE LIKE HUMAN BEINGS. By George A. Dorsey. New York: Harper's Modern Science Series. Harper and Brothers, 1925. 512 p. \$3.50.

In answering the question of his title, Dr. George A. Dorsey has undertaken a task not much less lusty than to compress into a single volume all that men have yet succeeded in finding out about their favorite puzzle, themselves. From the primeval ooze he follows the developing body till it becomes human, semi-civilized, modern. He speaks more than respectfully of the arboreal ape—gratefully, even. The human hand, he says, that admired marvel, ought to erect a monument to the human foot in gratitude for its having taken over the whole burden of supporting and transporting us, back in those very ancient days when our ancestors climbed down out of the trees, and by that generosity left the hand free to grasp tools and create civilization.

The book is very readable. Dr. Dorsey's method is informal to the last degree, impertinent even, rapid, graphic. He treats the stiffest science with a manner unabashed and familiar, and in the effective container of a joke presents a packed mass of facts. He dramatizes paleontology and physiology; he almost melodramatizes them. He staggers one with the immeasurably microscopical; with the incredible, the unimaginable complexity of the bodily processes; with infinity of littleness. The human machine becomes as never before a structure to contemplate with awe. But the imperfections of it, the strange survivals of contrivances no longer useful, the struggle of more appropriate contrivances to establish themselves—these appear just as frankly and as graphically.

The book is best in its first quarter, probably partly because anthropology lends itself the most readily to being dramatized, and partly because here Dr. Dorsey is in his own field. In the final chapter, when he handles psychological development and tries to do bitter justice to the institutions of human society in the present day, the humorous treatment is less spontaneous, more strained. It seems a bit peevish; it amuses less.

G. H.

INTELLIGENCE AND IMMIGRATION. By Clifford Kirkpatrick. Mental Measurement Monograph No. 2. Baltimore: The Williams and Wilkins Company, 1926. 127 p. \$4.00.

This report is a welcome addition to our rather limited knowledge of racial psychology. In the past ten years a number of studies have been made of the intelligence of many different peoples in the country—Japanese, Chinese, the Negro, Portuguese, the Latin peoples, the peoples of the north of Europe, but these studies have been of limited scope and the test materials and procedures have been of widely different character. In 1910 an extensive study was made of several million foreign-born children and children of foreign-born parentage by a federal immigration commission acting for the Census Bureau. The author of this report, while submitting rather limited data on children of native white, Italian, Finnish, and Canadian-French parentage, as found in several Massachusetts mill towns, has summarized in his volume the findings of the earlier studies.

No one, be he social hygienist or not, can fail to feel deep concern, in view of the social problems that confront us, in regard to the intelligence levels of our people, especially with reference to this controllable factor of immigration. One does not need to hold any theory of the existence and non-existence of native intelligence to know, by experience, that it is vastly easier and more economical to fit some children for the responsibilities of citizenship in the broad sense than it is others. If one knows anything about education he knows that people exhibit large differences in resistance to the reduction processes of the "melting pot." It would be highly unreasonable to take the position that reliable scientific measures cannot be discovered for separating the more desirable from the less desirable differences.

The author's report confirms the findings of every preceding similar inquiry, namely, that acceptance or rejection of immigrants is not a

matter of nationalities, but of individuals. While the south Italians are usually found to be of lower mental status, confirmed by their retardation in school progress, than the English, the Finns, or the Norwegians, there are individuals from the south Italian stocks that rank well above the average of the others. In other words every measurement of a series of subgroups shows much overlapping.

Our immigration policies have always been negative in intent, merely a matter of elimination of the grossest forms of unfitness. The new law of 1924 is no exception to the old rule. The basis of reduction was a horizontal one, with little or no element of selection in it. On this ground there is open conflict between political and scientific proposals of admission. As Dr. Kirkpatrick well says, we have never tried to promote that higher form of internationalism which would welcome to our shores those who show a mental and physical fitness above the average of their own countries.

Our scientific data would be much more valuable than it is and experiments much more quickly tried out if we had a system of registration of aliens. Such a requirement would speed up the process of assimilation to citizenship and place a check on the ever increasing volume of smuggling.

One should read this report for its analysis of prior investigations, the careful conduct of the experiment, the interpretations, the scientific proposals for an immigration policy, and if the reader is interested, the extensive bibliography. He will find here data on the negative correlation between intelligence and children per family for the several nationalities under investigation.

VERNON M. CADY

LAWS RELATING TO SEX MORALITY IN NEW YORK CITY. By Arthur B. Spingarn. Revised by W. Bruce Cobb. New York: The Century Company, 1926. 163 p. \$1.00.

The Bureau of Social Hygiene has again rendered valuable civic service by publishing a revision of Mr. Arthur B. Spingarn's handbook entitled, *Laws Relating to Sex Morality in New York City*, which it published originally in 1915. The Bureau was extremely fortunate in securing as reviser former City Magistrate W. Bruce Cobb. Judge Cobb, during his ten years of service as a City Magistrate in the City of New York, made a definite contribution to the improvement of the Inferior Criminal Courts of the city, actively interesting himself not

only in the general procedure but in the Separate Court for Women, Traffic Court, and the Municipal Term Court—special courts presided over by the magistrates to which he was frequently assigned. Judge Cobb's final contribution to these minor but most important courts was his critical annotation of the law under which they operate, published under the title, *Inferior Criminal Courts Act of the City of New York*, Macmillan Company, 1925.

The reviser has not changed the form of the handbook, the chapters continuing to be: Sex Offenses; Regulations and Offenses Affecting Sex Morality; Provisions Affecting Children; Commitment and Sentence; Probation, Parole, Pardon, and Management of Prisoners; General Provisions Relating to Crimes. The compiler and reviser have both successfully prepared a manual which would not only be helpful to the lawyer familiar with the statutes and court decisions interpreting them, but also to the social worker, seeking the statute which would fit the case with which he is dealing. To the layman, the distinction in law between the different crimes and offenses, the fine distinctions which are made as to admissible and sufficient evidence, are often not only confusing but discouraging. This difficulty both Mr. Spingarn and Judge Cobb have largely removed in this special field by clear statements and frequent cross reference.

Every manual of laws and interpretative decisions is in need of frequent revision, for the legislative and judicial mills continue to grind new laws and broader—let up hope, with increasing frequency—interpretations of old laws. Such changes in this field show the awakening sense of social responsibility. Some of the new laws included in the revision are as follows:

The Disorderly Conduct Law of 1923. This was a revision and consolidation of earlier statutes.

The Wayward Minors' Act of 1923 and 1925. This is a comprehensive statute for the protection of the delinquent minor. It holds as such, any person of either sex between the ages of 16 and 21, who either is habitually addicted to the use of drugs or liquor, associates with dissolute persons and prostitutes, or is willfully disobedient to parent or guardian, and is in danger of becoming morally depraved.

The Venereal Diseases Law of 1918. This provides that the Board of Health has power to examine any person whom it has reasonable grounds to believe is suffering from any infectious venereal disease.

Under it any person convicted of prostitution may not be discharged by the magistrate until examined by the Board of Health.

The Children's Court Act of 1925. This completely separated this special court from the Court of Special Sessions by giving it complete jurisdiction of cases of children either as defendants or complainants.

The Illegitimacy Law of 1925. This modernizes the procedure in such cases definitely placing the responsibility for the support of the child "born out of wedlock" which term is substituted for "bastard and illegitimate child."

The manual describes at length probation and parole, terms frequently misunderstood and hence misused by the layman, and briefly sets forth the definitions of crimes and the powers and jurisdiction of the various criminal courts in the city, and of their methods of procedure, facts with which every social worker in the city dealing with cases which in any way touch violations of law or which need the protecting hand of the state should be familiar. The book should be on the desk of every such worker.

FREDERICK H. WHITIN

SECRETARY, COMMITTEE OF FOURTEEN, NEW YORK CITY

POST MORTEM. Essays, Historical and Medical. 260 p. \$2.00.

MERE MORTALS. Medico-Historical Essays. 291 p. \$2.50.

By C. MacLaurin, M.D. New York: George H. Doran Company, 1925.

Queen Mary suffered with congenital syphilis, Henry VIII acquired syphilis and infected most of his wives with it, Anne Boleyn was a victim of hysteria and nymphomania, Charles V "ate himself to death," Philip II died with gangrene and arteriosclerosis, the Empress Theodora was a reformed prostitute, and Frederick the Great "did not die of syphilis as wicked slanders have said of him." Such are the conclusions of Doctor MacLaurin of the University of Sydney, based on isolated facts and scraps of circumstantial evidence. He begs his readers, however, to accept his conclusions "not as diagnoses, but sheer speculations."

In *Post Mortem* and its companion volume, *Mere Mortals*, the author discusses the various pathological conditions, among which sex disturbances and venereal diseases are prominently represented, which profoundly influenced some of the world's most notable historical figures, and through them, our past and present civilization.

The subject is treated in the spirit of the searching pathologist, without prejudice or rancor, but with a too willing tendency to build up theories on somewhat dubious clews. The skeptical reader will brand much of the evidence as unconvincing or even far-fetched, but certainly the deductions must appeal to the probing, analytical detective sense of the medical diagnostician. And no doubt the student of history gains the impression from reading the volumes that not men, but microbes, determine the course of human events.

Jeanne d'Arc's dramatic career loses much of its poetic charm when one learns that she was but a simple, misguided peasant girl who never matured sexually. Significant bits of evidence, such as her boyish form, lack of development of hips and bust, preference for men's clothes, and amenorrhea, are submitted to support the assumption. Her furious religious zeal was a manifestation of a repression of the sex complex and "probably the delusion of Voices first began as a sort of vicarious menstruation."

Ménière's disease, a pathological condition of the labyrinth in the middle ear, giving rise to distressing attacks of giddiness and dreadful head noises accounts for the personal onslaughts of Martin Luther's devil. In addition, the poor man was afflicted with neurasthenia, uric acid diathesis, angina pectoris, arteriosclerosis, and stone in the bladder. "What a difference a course of salicylates and bromides might have made to Luther, and possibly through him to the whole Reformation!" exclaims Doctor MacLaurin.

Mere Mortals includes studies of Dr. Johnson, King Henry the Saint, King Henry VIII, Edward VI, Mary Tudor, Queen Elizabeth, Ivan the Terrible, Martin Luther, Henry Fielding, King James I, King Charles I, King Charles II, Catherine of Braganza, Nell Gwynn, Henri Quatre, Marguerite de Valois, Frederick the Great, Arthur Schopenhauer, and Baruch Spinoza as well as some interesting reflections on the Children's Crusade and Some Epidemics of Social Importance.

The contents of *Post Mortem* are: The Case of Anne Boleyn, The Problem of Jeanne d'Arc, the Empress Theodora, Emperor Charles V, Don John, Cervantes, Don Quixote, Philip II, the Arteriosclerosis of Statesmen, Mr. and Mrs. Pepys, Edward Gibbon, Jean Paul Marat, Napoleon I, Benvenuto Cellini, and a concluding chapter on Death.

H. E. KLEINSCHMIDT, M.D.

EVOLUTION AND GENETICS. By Thomas Hunt Morgan. Princeton, N. J.: Princeton University Press, 1925. 207 p. \$2.00 net.

The present volume brings up to date the author's *Critique of the Theory of Evolution* issued some ten years ago. There are several brief chapters of general introductory matter dealing with the various senses in which the term "evolution" is used; the four great historical speculations as to how evolution comes about; the lines of objective evidence for the theory that evolution has taken place and is now actually taking place; and the origin and types of variations found in organisms, which alone can furnish the materials of evolution.

Then follows a statement of the laws of inheritance discovered by Mendel: (1) the *law of segregation*, which means that a character appearing in the body of a hybrid is produced by the joint effect of a pair of factors, one coming from each parent, and that these factors do not blend permanently in the germ cells but always disjoin—only one going to an egg or to a sperm; and (2) the *law of the independent transmission of various characters*. In this connection naturally occurs a discussion of the remarkable, and independently discovered, mechanism and regimented behavior of the nuclei of the germ cells, which so neatly make it possible to explain how Mendel's results might come about. This coincidence in the discoveries of the plant breeder and the worker with the microscopic and micro-chemical technic is one of the most dramatic incidents in the history of biological science. To discover a series of facts of inheritance calling for a mechanism of great exactness and infinitesimal dimensions, to have this discovery buried and forgotten; after a third of a century for workers in a very different field to discover independently a mechanism which would explain the facts; and then to have these two things brought together almost immediately by the rediscovery of the buried results—happens rarely in the history of investigation.

Upon these foundations the author presents the results in our knowledge of bringing together these two kinds of study—the breeding and the exhaustive examination of the chromosome mechanism by which inheritance is supposed to be controlled. The author himself, together with his own students, has been in the forefront in prosecuting and in correlating both of these phases of investigation. He has made famous the best bred and most-experimented-with animal known. The result of these intensive studies has been to modify Mendel's laws by the recognition that certain qualities are normally *linked* with others,

that is, they are usually not transmitted except in connection with other characters, and that these are linked because their genes or carriers are found in the same chromosome and because chromosomes are reasonably permanent structures. Carrying this investigation a step further it is found that at least certain characters normally appearing together (genes in the same chromosome) may cross over at the time when the chromosomes from parents conjugate—and thus, because chromosomes are not absolutely changeless, a new combination of characters may appear in the new germ cells and through them in a new generation of animals.

In the concluding chapters the author sums up the new significance of the old conceptions critical to evolution, in the light of the joint work of the breeder of animals and the student of the chromosomes. Some of these critical points are our ancient friends; variability, the origin of variations, the origin of species by natural selection, and non-inheritance of acquired characters.

There is a brief concluding statement of human inheritance. An interesting instance under the latter head is the inheritance, in conformity with the Mendelian laws, of the chemical condition which differentiates the four blood-groups among humans.

The special value of the book to the student of social hygiene lies in the discussion of sex-inheritance and sex-linked characters; in bringing up to date the discussion of the transmission of physical and mental characteristics newly acquired by an individual through the influence of its activities and surroundings; and in the caution displayed in the suggestions relative to the outlook for positive eugenics.

T. W. G.

THE PIONEER POLICEWOMAN. By Commandant Mary S. Allen, O.B.E.
London, W.C.2: Chatto and Windus, 97 St. Martins Lane,
1925. 288 p. 10s 6d, net.

This book is an intimate personal narrative of the work of the Women Police Volunteers—later known as the Women Police Service, and at present as the Women's Auxiliary Service—one of the two major movements for women police in Great Britain. The narrative is vivid, full of incidents of humor and pathos, and abounds in striking descriptions of conditions in England during the World War; the whole enveloped in the atmosphere of the author's deep admiration for the founder of the organization, Margaret Damer Dawson,

and her abiding belief that women have an important contribution to make to the work of police departments.

Commandant Allen is qualified by actual participation in the work of this organization, from its inception in 1914, to tell the complete story. She follows its development in England and Ireland, its brief appearance in Scotland, and its service since 1923 in the occupied territory in Germany. She quotes liberally from the reports of the individual women police and from the texts of agreements and correspondence between the Women Police Service and government officials. The author mentions only briefly the work of the other major movement for women police in England, that of the Council of Women of Great Britain and Ireland.

Any stranger would no doubt have difficulty during a brief visit to the United States in understanding the methods of coöperative projects between social service groups. In this connection it is well perhaps to point out a misstatement concerning the relation of the New York School of Social Work and the American Social Hygiene Association; the latter "does not supervise a school of social work," but it has for three years coöperated with the New York School of Social Work in providing a course on the work of women police and it has also made available a limited number of scholarships.

Commandant Allen argues valiantly for the use of women police in the prevention of crime and delinquency. She believes that women are in no way to replace or to follow in the steps of men police, but that they have a distinct work of their own in police departments.

On page 238, she says: "Those policewomen who have been, and still are, the most effective and desirable servants of the public are to be found in those provincial localities in which the Chief Constable has placed in their hands a direct share of the responsibility for the care of the women and children in the neighborhood, and for the assistance of magistrates. In these districts they are responsible to the Chief Constable alone, or his direct representative, for the organization of their particular department of work."

This book is a welcome addition to the present small volume of literature on the subject of women police. It will be of particular interest to those persons who enjoy the flavor of a vivid narrative presented by some one who knows the inside history and which abounds in incidents of the daily work.

C. O.

SOURCE BOOK IN HEALTH AND PHYSICAL EDUCATION. By Thomas D. Wood and Clifford L. Brownell. New York: The Macmillan Company, 1925. 590 p. \$2.50.

If any evidence were needed of the amazing growth in the literature relating to health and physical education it is furnished by Wood and Brownell's book. It would be a fair estimate of the worth while material available twenty-five years ago to say that one hundred titles and references would cover the ground, as contrasted with the thousand and one included in this work.

The classification of references under eighteen heads and the adequate notations of author, book, and page are features of value, both for the professional and for that one who is interested in some special phase of the general subject.

The work of selection seems to have been admirably done. It is too much to expect that all will agree with the compilers on all points. For example, the reviewer misses reference to the significant report of the Committee on the formulation of aims and objectives of physical education which was made to the Society of College Directors of Physical Education by Dr. Fred Leonard. Doubtless, others will have similar criticisms of omissions or inclusions; but on the whole the work should prove a most useful tool in the hands of the professional teacher and student, as well as the general educator.

Not the least valuable of its features is the fact that it calls attention at once to a point that is frequently overlooked by those not familiar with the subject, namely, the essential contribution that satisfactory health and physical education make to the so-called fundamentals of educational and social training.

This book will undoubtedly meet the cordial reception which it deserves.

JOSEPH E. RAYCROFT

PRINCETON UNIVERSITY

TOWARD INTERRACIAL COÖPERATION. Published by The Commission on the Church and Race Relations, Federal Council of the Churches of Christ in America, 1926. 182 p.

Our hopes for better interracial relations as they affect white and colored people in America lie in the development of mutual understanding, the establishment of reciprocal regard and consideration, and the growth of the spirit conciliative between the races. A prac-

tical approach to the attainment of these ideals is in the coming together of the races for the consideration of factors which affect both races and need interracial coöperation for elimination, improvement, or amelioration. Such matters as the courts, health, housing, economics, education, and religious progress are factors that are of concern to both races.

Progressive health workers have long ago realized that any public health program to be adequate must contemplate the inclusion of all racial groups in the community. The Negro is becoming of increasing concern to organized labor. It is becoming more apparent that black and white labor have many mutual interests. In education there are harassing interracial problems, many of them increasing in complexity as the Negro migrates northward. Nor is the church free of the influence of interracial attitudes and conflicts. Organized Christianity at present in America is being scrutinized by the younger Negro as never before. Some thinkers advance the opinion that the development of the Christian ideal among social groups outside the white races will be retarded or helped by the attitudes of the American Negro toward the Christian church.

Beginning Wednesday March 25, 1925, the first national interracial conference was held in Cincinnati, Ohio. The volume *Toward Interracial Coöperation* is a report of this conference. In this meeting "two hundred persons about equally divided between the two races" exchanged opinions on interracial problems involved in education, economics, publicity, health, the courts and the Church.

The report deserves the attention of all those interested in the difficult problem of interracial adjustment. Here may be found a body of fact and opinion that is not found in the usual book or tract on the race problem.

F. O. N.

THE INTERNAL SECRETIONS OF THE SEX GLANDS. By Alexander Lipschütz, M.D. (University of Dorpat). Baltimore: The Williams and Wilkins Company, 1924. 513 p. \$6.00.

The second title of this well-knit and scholarly volume is *The Problem of the Puberty Gland*, which is a partial survival of the title of an earlier book of which this is an expansion. Professor Marshall has edited the English edition and writes the preface. This work has much of the mingling of acumen, thoroughness, and caution, which

Professor Marshall's own work shows. Higher commendation could scarcely be awarded it. The whole subject bristles with temptation to over-enthusiasm and hasty generalizations, which many of our popular writers have been unwilling or unable to resist.

The principal chapter headings are: Sexual Dimorphism and the Secondary Sexual Character; The Results of Castration; The Internal Secretions of the Sexual Glands; The Seat of Production of the Internal Secretion of the Testicle; The Seat of Production of the Internal Secretion of the Ovary; The Sex Specific Action of the Testicular and Ovarian Hormones; The Question as to the Isolation of the Sexual Hormones; Intersexuality; Eunuchoidism and Sexual Precocity; Sexual Hormones and Morphogenesis; Some Practical Aspects (including the problem of rejuvenation).

A few of the outstanding generalizations of the author, other than the more obvious and widely accepted ones, are:

1. That puberty and the action of the glands leading to sexual maturity are to be conceived as having two phases:

- (a) The *embryonic*, during which the gonads and sex organs take their characteristic male and female (or mixed) form; and

- (b) The *maturing* phase which applies to the period of life which we usually describe as puberty, in which the sex organs become functionally mature. A latent period, longer or shorter, lies between these two phases. If the sex hormones are operative during this period their effects are very gradual, and primarily activate general development. In other words the idea is that puberty extends from conception to sexual maturity.

2. That the gonad secretions are to be thought of as the specific cause determining the physical and psychical divergences of the sexes, in spite of the well known coöperation of hormones from other endocrine glands. These latter are necessary and coöperate with the gonads just as proper temperature and food are necessary; but they are not in any sense specific causes of sex differences.

3. That the activity of the internal secretions of the sex glands are cyclical in character, in a sense which is not true of the other endocrine glands.

4. That the phenomena of pregnancy are part of the second pubertal phase of sexual activity.

5. That the soma has at the outset an asexual or bi-sexual form

which is modified during embryonic life by the development of the male or female gland. This conclusion seems really to beg the question. The crux of the matter is only shifted to this problem: What determines whether the gonad will exert the male or the female influence on the body? This seems to bring us back to the necessity of recognizing that the sex-determining mechanism is inherited in the structure of the chromosomes of the fertilized egg.

6. That the abnormal sexual conditions such as eunuchoidism, sex precocity, and intersexuality (hermaphroditism), and changes in sex manifestations from male to female, or conversely, are due directly or indirectly to inborn or acquired abnormal or pathological conditions of the endocrine glands.

7. Because the old terms primary, secondary, and tertiary as applied to sex characters are so equivocal as to be useless, in that they combine and confuse importance in reproduction with genetic order, and inasmuch as strictly genetic classification cannot be made without a thorough experimental analysis of the sources of each character—the author suggests the following classification for practical use:

- (1) Endocrine Sex Apparatus.
- (2) Generative Cells.
- (3) Somatic Sex Characters.
 - (a) Characters of the copulatory and genital apparatus.
 - (b) Characters of the sexual auxiliary apparatus.
 - (c) Character of other organs.
- (4) Functional Sex Characters.
- (5) Neuro-psychical Sex Characters.

The following seems about the classification, based on genetic grounds, which the general trend of the author's views would support:

1. *Primary*, that is, causal or formative: the endocrine sex apparatus.
2. *Secondary*, that is, all sexual characters dependent upon:
 - (a) The generative cells, i.e., the gonad other than the endocrine portions.
 - (b) The essential copulatory and genital apparatus.
 - (c) The essential functional sexual qualities, including the neuro-psychical.
 - (d) Auxiliary structural or functional characters as color, plumage (in the female bird), size, voice, etc.

3. *Tertiary*, that is, sexual characters independent of specific sex hormones—as spurs and feathers of the cock and possibly mammary glands in the male.

If one really seeks an ontogenetic classification it would appear necessary to go one step further back and to use *primary* to characterize the inherited chromosomatic structure which seems to determine the early segregation of the primordial germ cells, the organization of the gonad (male or female), and the character of the hormones—all of which would be *secondary*. The characters listed above as secondary would then become tertiary.

Each chapter closes with an exhaustive bibliography, and the book is supplied with remarkably satisfactory indexes. The volume is sure to prove of practical value to all those interested in the study of sexual problems whether from the biological, eugenic, or psychological point of view.

T. W. G.

OLD AND NEW VIEWPOINTS IN PSYCHOLOGY. By Knight Dunlap. St. Louis: The C. V. Mosby Company, 1925. 166 p. \$1.50.

The topics discussed in this readable little book are: Mental Measurements, Present Day Schools of Psychology, Psychological Factors in Spiritualism, The Psychology of the Comic, and The Reading of Character from External Signs. Hence, save for the second chapter on present day schools of psychology, it is rather an inviting potpourri than the careful contrast of viewpoints one might expect from the title. Another surprise is that the volume is a collection of lectures all delivered prior to June 1923! The word “new,” however, is perennially applied to viewpoints in psychology.

The chapter on mental measurements stretches the development of intelligence tests and clears up some of the popular misconceptions as to their nature and use. It emphasizes particularly the precaution of having tests administered, and interpreted, only by competent specialists.

In the second chapter introspectionalism, behaviorism, Freudianism, and instinctivism are outlined, their shortcomings presented as the author sees them, and the point made that the main current of psychological progress flows on quite happily except through temporary deflection into these eddy pools. Of special interest to teachers of social hygiene are Dunlap's pronouncements regarding Freud's doctrine of

repression. He says, "Repression is the Freudian term for the attempt to forget or ignore unpleasant things, or to withdraw the attention from desires which are unethical or whose satisfaction is inadvisable. And we are told that repression is bad, and parents and teachers are urged to teach children not to repress.

"Nothing could be more vicious or absurd than this doctrine, if we take it seriously. Actual repression is the only salvation of man if civilization is to continue, and the ability to repress effectively is the greatest asset a human individual can have. It is true that constant struggle is bad, and the struggler needs aid in repressing. But nothing is more weakening than to keep thinking of past mistakes and illicit desires. In particular, the adolescent boy and girl need to have their attention drawn away from the surging desire of sex and turned in other directions. And it is just those features of the movies and other details of modern life which interfere with the repressions which are most deplorable."

"Fortunately," he adds, "many of the practicing psychoanalysts, so-called, use good common sense and everyday psychology, and are no more Freudian than I am."

The remaining three chapters treat their respective topics in very entertaining form. Their gist is shown by the questions they attempt to answer, viz: Why are people so eager to accept the claims of spiritualists in spite of the fact that these claims are not authenticated and would throw little light on immortality if they were? How is it possible that some men of good scientific reputation believe them? Are mediums themselves deluded? What do we laugh at and why do we laugh at it? Is there any scientific foundation for the systems of character analysis now in use? Might a valid system be evolved? What are the signs which tell us something about the mental characteristics of other persons?

PAUL S. ACHILLES

PERSONNEL RESEARCH FEDERATION

HYGIENE OF SEX. By Max von Gruber, M.D. Baltimore: The Williams and Wilkins Company, 1926. 169 p. \$1.50.

Hygiene of Sex by Dr. Max von Gruber is a strong, rational, well written book dealing with problems of sex. It is a book written primarily for the layman and not the physician, but, as its name

would suggest, it is written from a medical point of view. The book is not so technical that it cannot be understood by the average person, but the subject is so treated that it should meet with favor among doctors and scientists as well as among the general public.

In his book the doctor deals first with the "gift of life," explaining the marvelous mechanism which nature has established in all forms of animal life from the lowest to the highest for the reproduction of its kind. From this, he takes up one by one those questions which all want to know, about how to maintain a healthy sex life.

He also goes into the subject of heredity and eugenics to a certain extent. This is a subject about which much has yet to be learned, but he gives, as a matter of guidance, a brief outline of the present accepted theory of heredity, and those conditions and diseases which are known to be hereditary, and the manner in which they are inherited in so far as is known at the present time.

This is a good book for adults and those approaching maturity, and it would be especially helpful to parents in showing them the method by which they can correctly instruct their children regarding sex conditions. The medical point of view has changed very radically of late years in regard to some sex questions, and it is well for all to read a sensible modern book such as this one. More harm can be done by giving out misinformation about sex matters than can ever be done by giving out information, and it is those who have been correctly instructed themselves who naturally are best able to instruct their children correctly.

Dr. von Gruber has treated the subject in such a way as to inspire an attitude of reverence for nature's wonderful methods, and also to establish a feeling of individual responsibility for the healthy development of future generations.

We would recommend this book to readers who have reached maturity, and to those bordering on it, who are looking for satisfactory answers to sex questions. We believe it is too technical for the young girl or youth to understand, and, therefore, should not be given directly to them. Parents, however, will be enabled from a study of this work to interpret and explain those things which all children entering adolescence wonder about and have the right to know, not alone for their own sakes but for the sake of all the generations to come.

B. S. STEPHENSON, M.D.

UNDERSTANDING OUR CHILDREN. By Frederick Pierce. Author of *Our Unconscious Mind, Mobilizing the Mid-Brain*, etc. New York: E. P. Dutton and Company, 1926. 198 p. \$2.00.

Nothing is more important than the subject of this book, as expressed in the title. Hardly anything is more futile than the method which the author ostensibly follows in the education of prospective parents. The book purports to be a series of informal chats with a young couple anticipating their first baby, and attempts in these chats to tell the parents nearly everything they will need to know from several months before birth until the child is safely started on his own married career. Pedagogically speaking, this may be considered a big contract.

The author who identifies himself in the first person plural with a particular "school" of medicine, namely "we psychoanalysts," has undoubtedly studied the nature of the human organism, and especially in its so-called psychic manifestation, very thoroughly and has a vast fund of information at his disposal. The book, however, carries throughout, that particular kind of solemn and pompous impressiveness behind which it has been possible in the past to conceal a great deal of nonsense, or worse. Not being a medical man, the reviewer is uncertain as to whether this manner is a necessary part of the doctor's practical effectiveness in dealing with people whose first need is confidence in their doctor. The text, nevertheless, contains a great deal of sound commonsense; and if it does not equip the reader in advance to meet all the emergencies that arise in the bringing up of children, it should, at least, indicate to him the need for a serious consideration of what modern scientific study has to say on the various problems.

The writer undoubtedly knows adults much better than he does infants. This is inferred from the greater definiteness and assurance that characterizes his teachings as he proceeds from the infant to the adolescent and the period of mating. One is tempted to say that the book might be profitably read backwards, even though that is not ordinarily a very practicable procedure.

In the matter of sex education which we should assume to be taken for granted by an out and out Freudian who is willing to accept all desire in terms of Eros, Dr. Pierce is rather undecided. He is confident (page 113) that we are always justified in trusting young children with the "wonder of life-genesis, birth, and the womb of Nature." He means, apparently, that it at least never hurts young people to

know the facts of reproduction. He is not certain, however, how far children's curiosities about birth, life, and death should be satisfied (page 123). He would be guided entirely by the child's own attitude; this is excellent doctrine but Dr. Pierce doesn't know how to recognize the child's attitude unless the child puts explicit questions. For young children, the only pedagogy he understands is to begin with the flowers and proceed up the ladder. This procedure, as has been pointed out before, is not a plan for making the ascent easier for the child, but one for facilitating overt instruction for the parent by permitting a discussion of sex and reproduction in plants and other forms that do not compel an emotional identification. "If the child asks the point-blank question of where babies come from, I believe there is wisdom in not answering the question completely at once, but in giving the assurances [that complete knowledge will be supplied later] . . . and then starting the active process of preparatory study." For the preadolescent he advises a similar process of going from the study of botany, by easy stages, on to unicellular forms, fishes, reptiles, birds, and mammals. Apparently, Dr. Pierce has never found out what happens with children whose parents and teachers wait in the manner he recommends.

Another recommendation in regard to which modern students of child psychology are not likely to agree is that of getting the young people to schedule their day by day activities in terms of what he calls "Achievement Wishes" and "Self-Centered Wishes." He would have them score every night the number of times they have manifested self-control, or not, as the case may be, every time they have disposed of the daily good turn, every time they had a wicked thought, perhaps, with or without motor release. Such mechanical contrivances, even for keeping track of height and weight, spinach consumed, hands washed, etc., to get young children to be concerned with, or even actively interested in, the caddish recording and checking of their wishes and inhibitions, is at least questionable. Dr. Pierce admits (page 103) that we must be extremely guarded in our attempts to get at the day dreams of children, and we must take care not to make the child feel that we are prying.

The assurance of the positive assertions throughout the book may be helpful to those who want definite rules. If this is not dogmatic, at least the author is not aware that he is dealing with hypothetical entities nor does he tell his readers as much. This should be a helpful

book for those who can read it critically; a rather misleading one for a beginner who relies upon it to guide him into an understanding of children.

BENJAMIN C. GRUENBERG

AMERICAN ASSOCIATION FOR MEDICAL PROGRESS

POPULATION PROBLEMS IN THE UNITED STATES AND CANADA. Edited by Louis I. Dublin. Publication of the Pollak Foundation for Economic Research. Boston: Houghton Mifflin Company, 1926. 318 p. \$4.00.

For seven decades before the Civil War the population of the United States increased 35 per cent each decade. If this rate of growth continued until the end of the present century the country would have about two billions of people. Fortunately, the rate declined to 15 per cent during the decade 1910 to 1920. To the natural increase has been added millions of immigrants of many races and nationalities with different customs and standards of living. Natural resources which once seemed inexhaustible have been rapidly depleted. The concentration of both native and foreign population in cities, the differential birth rates among different classes, the recent restriction of immigration, all emphasize the pressing importance of population problems.

The American Statistical Association devoted an entire annual meeting, in December, 1924, to a discussion of these problems. This book is an outgrowth of the papers presented at that time by authorities in various fields. It is divided into six parts, nineteen chapters, each contributed by a different author or authors. Part I is devoted to an introduction by the editor, Dr. Louis I. Dublin, who was President of the Statistical Association in 1924, and to whom the readers of this volume are indebted for his excellent service in bringing together the discussions of scientific contributors on these interesting and perplexing subjects. Part II presents the facts of population growth in the United States, discusses the significance of the different rates of natural increase in different groups, and emphasizes the tendency toward urbanization characteristic of modern industrial development. The theme of Part III is population in relation to natural resources. Two chapters are devoted to agricultural resources, one to mineral resources, and one to the discussion of the optimum size of the future population of the United States. The general subject of Part IV is immigration. Racial composition, the effects on the American type, a

rational policy for the United States, the immigration program of Canada, immigration and national life are each treated in a separate chapter. Part V is concerned with population and labor supply. The final part VI presents the outlook in three interesting and suggestive chapters on the following topics: Effect of the Health Movement on Future Population; Family Allowance Systems and the Future of Population; Trend of Population with Respect to a Future Equilibrium.

Sociologists, economists, anthropologists, a zoölogist, research experts, and government officials are represented among the contributors. Those topics were selected which are now arousing most public interest. The volume as a whole is a noteworthy contribution to the literature in this field, and is useful both to special students and to general readers.

The editor states the aims of the publication as follows: "There is no attempt in this book to speak with finality. Our purpose is to bring out some of the more insistent social and political phases of the population problem, to stimulate a research attitude on the part of our citizens, and to encourage a more dispassionate basis of judgment among American legislators. . . . We hope that these papers may be instrumental in replacing the prevailing unscientific and almost arrogant attitude on population questions in the United States with a spirit of scientific investigation, and an understanding of the value of racial backgrounds differing from our own."

The opinions and attitudes of the contributors differ widely. No attempt is made to reconcile these differences. Moreover, inadequacy of basic data in the United States explains in large part the sketchy and rather unsatisfactory treatment found in parts of the volume. There is little available information on the fertility of our people, especially on the comparative fertility of different races and nationalities in the United States, or on the effect upon fertility of residence in this country. The vital statistics of the United States are still very inadequate, especially for the investigation of trends. Likewise, the statistics of internal immigration are very unsatisfactory. Forecasting the ultimate limits of the American population is especially hazardous in view of our lack of certain basic data, and in view of the possibilities of scientific discoveries in agriculture, in the production of synthetic foods, and in the utilization of new sources of energy.

The results of excellent work of the investigators in our Department of Agriculture and in the Geological Survey are presented and dis-

cussed in Part III. The writer on agricultural resources concludes that "when the ultimate population of the United States reaches 200 millions, one does not see how the country can raise the desired primary foods, domesticated animals, lumber, paper, and fibers. But it is not the dietary standard that makes the pressure; it is, instead, the standards of our social and industrial living." The writers on mineral resources close their discussion by saying that "the evidence forecasts in the not distant future a period of diminishing abundance and rising costs, in which—barring some revolutionary discovery of science that will free men from dependence on fuel and water power—it will be harder to maintain even our present population at present standards of living . . . but further increase of population will simply hasten the day of rising cost of energy and will make readjustment to the changed conditions increasingly difficult." It is clear that, in the view of these authorities, the forces limiting population growth are economic and social rather than the physical incapacity of the land to maintain larger numbers. The dominant influence is the desire to maintain the American standards of living.

The readers of this JOURNAL will be especially interested in Chapter XVII on the effect of the health movement upon the quality of population. The assertion is often heard that progress in hygiene and preventive medicine is accompanied by race deterioration due to interference of modern health policies with natural selection. Nature has operated through the slow process of selective survival. It is important to know how the health movement is affecting this creative process. The writer of this paper points out first that death may be regarded as a function of two factors, the hereditary endowment of the individual, and the influence of environment. Only in so far as death is a function of hereditary endowment does it affect the native vigor of the race. The facts on mortality indicate that different causes of death vary greatly in their selective influence. The germ diseases seem to be more closely related to specific environmental factors and less dependent upon constitutional predisposition than are such diseases as Bright's, diabetes, and heart diseases. If this is true germ diseases are less selective, attacking the strong and the weak with less discrimination than those diseases which are more closely related to constitutional factors.

The triumphs of the modern health movement have been most noteworthy in the control of contagious and infectious diseases and in pre-

venting deaths of infants over one month of age. The author points out that in these fields environmental factors are especially important and that the selective influence of these disappearing diseases is probably not very important. On the other hand, there has been relatively much less improvement or none at all in the death rates from many organic diseases in which the constitutional factor seems to be a large element. It should be noted that when less people die from germ diseases more are left to die from other causes which are more likely to discriminate between those who are strong and those who are weak constitutionally. This selection may not take place before the reproductive period of life, and this possibility makes education in eugenics an essential part of a health program.

The paper also presents the evidence on sex incidence of mortality from various causes in the first year of life. The author asserts that sex represents a constitutional difference dependent upon hereditary factors, and one which is closely related to vitality. The facts show that many more boys than girls die in the first year of life, the proportion being greatest in the first month. The female is apparently the stronger sex, and this is corroborated by the mortality data of males and females at all ages. The germ diseases show a sex incidence for infants more nearly alike for both sexes than do the disorders of constitutional origin. In the latter group the males show a high ratio of deaths. It is significant that the reduction in infant mortality has been mainly at ages over one month. It is also true that the ratio of boy deaths to girl deaths in the first month is unusually high. This is the period when deaths occur from prematurity, marasmus, malformations, and convulsions—disorders likely to be of a constitutional character, rather than from intestinal infections and germ diseases. Later in the first year the incidence of these causes changes. The ratio of boy deaths to girl deaths decreases as the importance of infections increases. Thus, it seems that the reduction in infant mortality tells the same story as the reduction of the death rate in the general population. Broadly speaking, the reduction due to advances in preventive medicine and hygiene has taken place in large part through the control of those causes of death which are less selective in their action. It is clear that the writer of this paper is not worried about the interference of the health movement with the operation of selective survival.

The restriction of the birth rate of subnormal people by every

means possible is most important for the health movement. The writer of this paper believes that if we can correct the evils of the differential birth rate, natural selection will continue to be a very effective instrument of racial progress.

The last chapter of the book emphasizes the importance of basing conclusions upon trends over a period of time rather than upon a view of the present situation. We lack data for this procedure in the vital statistics of the United States. The data from European sources indicate that the range of variation in fertility is far less among European nations as a whole than for the different classes of population within these nations. Examination of the trends over several decades shows a convergence of fertility rates of nations. The author expects a similar convergence of birth rates for social classes within nations. This will bring about a gradual equilibrium of population growth between social classes.

Effective fertility is a resultant of birth and death rates. The fall of the birth rate depends upon cultural conditions; the fall of the death rate depends upon the application of science which operates within but also outside of given cultural conditions. Preventive medicine is socialized and reaches the lower strata of society before the influences which lower birth rates. Therefore, the death rate falls first and this increases for a time the excess of births over deaths among the lower strata.

Many influences are at work to lower births in all social classes, but especially in the lower economic groups. Urbanization, modes of life, entrance of women into occupations, prohibition of child labor, restriction of immigration, spread of knowledge of means of birth control—all these and many other factors tend to equalize birth rates among social classes. In order to hasten this convergence of birth rates between classes the author urges a more liberal policy toward all social classes in the matter of knowledge of birth control.

Several of the writers in this volume look forward to a possible stationary population for the United States before the close of this century.

ROBERT E. CHADDOCK

EDITORIAL

MENTAL PROSTITUTION

Physical prostitution in its commercialized aspects has been largely eliminated in the United States; mental prostitution, however, seems to be on the rise. The red light district has gone, but the corner news stand continually enlarges its stock of unsavory, unsound, and unwholesome publications which foster and cater to all that is foul in thought and attitude. The exploitation of this literary muck is the more vicious because it is not restricted to adults but seems to be directed largely toward those most in need of protection, i.e., minors and morons.

The "dime novel" of the nineties with its lurid covers and violent contents was the subject of much concern to the parents and educators of those days, but it seldom relied entirely upon the worst in sex experiences for its plot and appeal. Nick Carter, Diamond Dick, The Liberty Boys of '76, and their fellow heroes were impossible characters, wise beyond Solomon and braver than a Roland or D'Artagnan, but were the trite and bombastic accounts of their adventures as dangerous to the minds of youth as are the present crop of tawdry tales? We doubt it.

"Once again the old scout's trusty revolver blazed forth and three more redskins bit the dust!" It would be easy to point out a number of ways for improving this type of narrative, but it could never be charged with the taint of smut. Pick up, though, almost any of the large crop of present-day "confessions" and "pungent stories" magazines and you will find page after page of crudely written stories which paint vice and perversion most attractively and untruly, and emphasize the worst in antisocial sex practices and manifestations. They are not the fiction of beauty, of honesty, of decency, or of purpose, but merely the drivel of hack writers, the "pot boilers" of literary scavengers.

Political censorship, no matter how well meant, is a dangerous remedy. But, as *The World* (N. Y.) said in a recent editorial regarding vicious theatrical productions, "some regulation is necessary and inevitable, partly because without it commercialism would carry indecency to such lengths of perversion and grossness that it would be a public nuisance, and also because if we fail to regulate a little and intelligently we shall in the end be regulated a lot and very stupidly."

Many wise minds are convinced that if censorship is to be effective and successful it must originate not in the courts but in the home. Childhood and youth are ages of imitation. Like father like son. Once let parents and our older youth withdraw their patronage from printed trash for the better class of literature and they will find many youngsters following close behind.

It is probably true that a majority of the publishers and dealers who profit by the sale of salacious magazines will not be swayed by any appeal based on altruism or decency. Their vital spots are their purses, and the most effective weapons for use against them are economic ones. If community sentiment can be aroused to the point where any large group of citizens will inform their news dealers that patronage will be withdrawn unless a clean-up is made, they will meet with surprisingly good results, particularly if they stick to the job.

SOCIAL HYGIENE BULLETIN

*Continuing the SOCIAL HYGIENE BULLETIN which was published
as a separate monthly periodical from 1914 to
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The Range of Sexual Normality in Psychiatric Case Histories.—Dr. James H. Huddleston, in an article published in the April, 1926, issue of the *Medical Bulletin* of the United States Veterans' Bureau, says that there has been found among examining psychiatrists a definite tendency to record extramarital sexual experiences of men as practically normal. In a study of 500 patients at Veterans' Hospital 81, "normal" was the term used in 3 cases and in a considerable number of instances a similar idea was conveyed by the use of the terms "temperate" or "regular." For example, the examining psychiatrist recorded of one man, unmarried, aged 25 years: "Heterosexual experience began at the age of 18; always temperate." Taking "normal" or "regular" to mean hygienic as opposed to unhygienic in this connection, Dr. Huddleston says that if extramarital sexual history is normal, then the teaching of social hygiene by the United States Public Health Service should be brought into conformity. If it is not normal the psychiatric view is astigmatic. Although the work of the Public Health Service and of the Veterans' Bureau is not parallel, still the underlying policies and connections concerning the status of extramarital relations ought to be identical.

The Public Health Service's attitude is defined in a recent publication, *The Venereal Diseases Handbook for Community Leaders*, which includes a bibliography of such writers as Richard C. Cabot, Luther H. Gulick, and Max J. Exner. The last named writer attacks the problem specifically and maintains the normality of sexual abstinence and the abnormality of its opposite (extramaritally). If, as is indicated, this is the official view held by the Public Health Service and

if it is correct, it should be recognized by the Veterans' Bureau. If this view is medically unsound, then the position of the Public Health Service and other agencies concerned with social hygiene, according to Dr. Huddleston, would be strengthened by discarding it and stressing other arguments.

Webster's definition of "normal" is: "according to established rule or regular form," etc. "Normal," in a psychiatric history, says Dr. Huddleston, "surely includes the social reaction of the subject within his group and his community, as well as his biological reaction." Dr. Thomas W. Galloway in his book *Sex and Social Health* writes: "While sex intercourse is always the wholly normal physical culmination of the chain of reflexes, which may be included under the term 'courtship,' and is the natural biological expectation of any sexually mature individual, animal or human, the popular opinion as it now stands that sex intercourse is necessary either for sex perfection or for development and health is worthless."

In conclusion Dr. Huddleston says, "The authority of a governmental agency should be clear of any suspicion that sexual irregularities are being regarded as patterns or rules for model behavior."

Commenting on this article, the Surgeon General of the United States Public Health Service said in part:

It is of course recognized that the sexual instinct is natural and that it may become subject to certain anomalies varying from frigidity to eroticism and from the physiologic to the perverse. However, social amenities require certain control of the sexual urge and this is reflected by our laws controlling fornication and adultery, etc. Whether or not these laws and the relevant Biblical injunctions duly respect the neuropsychiatric aspects of the problem may be subject to difference of opinion. Venereal disease literature generally seeks to impress the aspect of the social and legal requirements and to facilitate their proper observance for the purpose of aiding in the prevention and control of venereal diseases.

Reduction of Venereal Disease Cases in Great Britain.—In his address at the tenth annual general meeting of the British Social Hygiene Council, held in London, July 9, 1925, the chairman of the meeting, The Rt. Hon. Sir Auckland Geddes, G.C.M.G., K.C.B., said that reports showed that between the years 1920 and 1924 the number of new cases of syphilis presenting themselves at the treatment centers had fallen from 42,000 to 22,000, and that during this same period the number of attendances at clinics had risen from 1,488,000 to 1,645,000. These figures indicate that persons with syphilis have not ceased coming to the treatment centers, and they show quite clearly

that the work in the medical phase of combating the venereal diseases is proving successful. Sir Auckland Geddes pointed out that the figures quoted show a definite reduction in the number of new infections, and therefore, "a definite diminution in the number of possible centers of further infection; a definite increase in the hope of the child—perhaps as yet unborn—not to be born, perhaps, for many years—a definite increase in the hope that it might have if it were conscious, that it would escape infection from venereal diseases."

Sir Auckland Geddes brought out the fact that under its new title the British Social Hygiene Council considers not only the medical problems of social hygiene, but it aims to preserve and strengthen the family as the basic social unit; to emphasize the responsibility of the community and the individual for preserving or improving, by education and social measures, the quality of future generations; and to further social customs which promote a high and equal standard of sex conduct in men and women. In closing he said:

So as we meet to-day under our new title, let us realize that we set our hands to a tremendous undertaking. We set our hands alongside of those who in other directions are working for social improvement; but let us remember that if we are allied with them, we have our own distinct and separate field, because here, with this group of diseases, we must never forget that the attack on them, as such, and on the organisms which cause them, must be medical and scientific.

Dr. Paulini Luisi Occupies Newly Created Position.—*The Medical Woman's Journal* for March, 1926, states that Dr. Paulini Luisi, who occupies the newly created chair for Social Hygiene of the Training College of Montevideo, Uruguay, has begun a course of lectures dealing with private, public, and social hygiene. She also gave a lecture before the Medical Society on the problem of prostitution, regulation or abolition of regulation.

Ellen Key.—The world-known Swedish lecturer and writer, Ellen Key, died on Saturday, April 24th, in her country home by Lake Vettern, Middle Sweden, at the age of 76 years. Because of her intellect and moral teachings Miss Key was known as the "Pallas of Sweden." Miss Key was born in 1849 in Sundsholm, Smaland. After being educated at home she became, in her twentieth year, secretary to her father, a member of the Riksdag. In 1870 she began contributing to periodicals on literary, historical, and sociological subjects. After she began teaching she also lectured and wrote at the

People's Institute, Stockholm, and elsewhere from 1880 to 1899. Miss Key was an ardent feminist, and held views of love and marriage which condemned at certain points old moral standards. In her own and other languages she has written about 30 works, among which are *The Century of Childhood*, *Love and Ethics*, *The Morality of Woman*, *The Renaissance of Motherhood*, and *The Younger Generation*.

Awards for Best Public Health Stories.—Three prizes of \$250, \$100, and \$50 offered by the Harmon Foundation through Survey Associates will be awarded the best unpublished manuscripts dealing with some experiment, invention, or achievement in the field of public health. The manuscripts must be not less than 1000 nor more than 2500 words in length, and they must be delivered to Jury, Harmon-Survey Award 3, care of *The Survey*, 112 East 19th Street, New York City, not later than June 30, 1926. It is hoped that this competition may bring to light stories of new ideas and new ways in the field of public health.

Health Education Conference.—A two-day conference on health education was held recently in New York under the auspices of the Milbank Memorial Fund, which is spending \$2,000,000 to reduce sickness and death in New York State, and to demonstrate that present-day medical knowledge has made longer life attainable to the average man. The conference consisted of a series of round table discussions on subjects relative to the development of the health educational programs in the Cattaraugus County Health Demonstration, the Syracuse Health Demonstration, and the Bellevue-Yorkville Health Demonstration in New York City. In addition to the consideration of general objectives desirable for a community health education program, there was a discussion of the following questions: (1) In shaping and in directing a program of popular education dealing with specific community health problems, what special factors of the population (with respect to age, race, sex, economic condition, place of residence, etc.) should be considered?; (2) in attempting to disseminate information about specific health problems to the various groups of which the community is composed, what methods should be employed?

A feature of the sessions was a clinic on publications and a number of round table discussions concerning the use in a community health

program of lectures, newspapers, literature, posters, films, plays, and pageants. The conference was participated in by many prominent health workers, including Sir Arthur Newsholme, Mr. Homer Folks, and Mr. John A. Kingsbury.

Public Health Service Announces a New Publication.—The United States Public Health Service announces the issuance of a publication known as the *Venereal Disease Manual for Social and Corrective Agencies*. There is much evidence, says the Service, which emphasizes the relationship between venereal diseases and feeble-mindedness, insanity, dependency, delinquency, crime, and other conditions affecting the social structure. Study and investigation have shown the need on the part of social workers, probation officers, and others for authentic information on the venereal diseases and their concomitants which so deeply affect society. It was to meet this definite need that the publication was prepared. In addition to giving fundamental information on the medical aspects of the venereal diseases, their relief and prevention, the manual deals with socio-economic conditions and has chapters on the venereal diseases and the community; sex education; legal aspects of venereal disease control; sex morality and the law; juvenile delinquency; and aids in conditioning behavior. The book is designed for use by courts and probation officers, social workers, nurses, visiting teachers, jailers and wardens, policemen and policewomen, superintendents and matrons of homes for the dependent, delinquent, and defective classes.

Annual Report of the New York Academy of Medicine.—In the annual report of the New York Academy of Medicine for the year 1925, it is stated that the average attendance at section meetings on dermatology and syphilis during the year was 100. This number was fifth from the top in average attendances, the highest average attendance being 174 for the section on medicine. The public health committee of the Academy of Medicine in its report on the division on the improvements in health environment and health control stated that the matter of control of venereal diseases through better enforcement of the police powers of the Department of Health received especial consideration and that a special sub-committee is at work on the problem. At the request of a group of hospital social service workers, the committee has taken up the question of the prevention, treatment,

and institutional management of cases of gonorrheal vaginitis in children. The matter is in the hands of a special sub-committee. The Surgeon General of the United States Public Health Service submitted to the committee a report on the definition of a stillbirth, which a special committee of the Health Section of the League of Nations has proposed for adoption by all countries. The definition proposes the substitution of the word "deadbirth" for stillbirth as a criteria of a deadbirth—the absence of respiratory breathing in a foetus of 28 weeks of utero-gestation, and a minimum body length of the foetus of 35 centimeters. The committee endorsed the change of name from stillbirth to deadbirth and it endorsed the definition, but in view of the act that in many countries a large percentage of the births are attended by midwives, it was thought simpler to omit "28 weeks of pregnancy," and to base the definition entirely on objective and readily ascertainable criteria such as the absence of respiratory breathing and the body length of the foetus. Under the division on legislation the committee considered among other subjects the proposed legislation on the part of the New York State Commission to examine laws relating to child welfare, particularly in its sociological and eugenic aspects.

Decline in Births and in Infant Mortality.—While infant mortality is steadily decreasing throughout the civilized world, the rate of births seems also to be declining particularly in the large cities of the leading nations. A comparison of data from all countries in the latest *Epidemiological Report of the Health Committee of the League of Nations* received by the League of Nations Non-Partisan Association reveals a startling unanimity of facts regarding the life and death of infants. The only instance cited in the League's report of noteworthy increases in the birth is in the South Sea Islands.

"The substantial increase of births over deaths among the native population, which amounted to 17.3 per cent for the past two years is very gratifying," says the report, "in view of the rapid decline in numbers of the natives which has taken place in many of the Pacific islands since they were brought into intimate contact with foreign civilizations."

Although the League's statistics for the United States are based upon a combination of this year's death rate with last year's birth rate, they bear out in substance the more recent statistics of European

countries. In Boston, Massachusetts, the infant mortality rate dropped from 90 per 1000 living births the first week in 1925 to 68 the last week. Chicago's rate dropped from 95 to 60 per 1000 living births in the same one-year period. In New York the rate fell from 60 to 50; in Philadelphia from 87 to 70, touching a mark as low as 54 during the summer months; in Detroit from 88 to 76, dropping to 60 at one time; and in San Francisco from 58 to 50, reaching the low mark of 39 during the summer.

In London during the year, the rate of the death of infants under one year of age rose from 72 to 114, but during the summer months it fell as low as 37. London is the only city reporting any considerable rise, even temporary. In Berlin the rate dropped from 93 to 91; in Paris from 95 to 84, though touching 108 at one time; in Prague 124 to 126, though dropping to 90 at one time; and in Brussels from 107 to 63.

The birth rate, in these same cities, over the same period of time, fell even more consistently than the death rate. In London it dropped from 19.5 to 18.3 descending at one time during the year to 15.3. In Paris the birth rate fell from 15.9 to 14.7, rising again to 16.2; in Moscow it fell from 32.5 to 27.3 at the time of last report; in Prague from 15.5 to 11.4; and in New York City from 21.1 to 19.2 in November, which was the last report received by the League of Nations from this country.

These facts do not pertain to all of the cities of Europe and America. However, in 105 English cities grouped together in the League's report, the birth rate fell from 19.7 to 16; in 46 German cities from 16.2 to 13.2; in 26 Swiss cities from 12.0 to 10.9. In 16 Scottish cities it rose a fraction of a per cent from 22.1 to 22.4. Fourteen Dutch cities fell from 21.1 to 19.6, and 49 Spanish cities from 28.4 to 25.7.

Joint Housing Project of Social Agencies.—The agencies which, under the leadership of the Welfare Council of New York City, have established their new offices under a joint housing plan at 151 Fifth Avenue are the Welfare Council of New York City, the Federation of Institutions Caring for Protestants, the United Hospital Fund, City Recreation Committee, Association of Volunteers in Social Service, and Better Times.

Twenty-Seventh New York State Conference of Charities and Correction.—Buffalo, New York, has been chosen the meeting place for

the twenty-seventh New York State Conference of Charities and Correction, which is scheduled for November 16-19, 1926. The objects of the Conference are to afford opportunity for those engaged in social work to confer respecting methods, principles of administration, and results accomplished, and to disseminate reliable information respecting charitable and correctional problems.

International News Agency.—Several pamphlets have been issued lately on social hygiene by the National Red Cross Society of Cuba, one of which, entitled *Campaña Profiláctica Antivenerea*, contains a foreword by Dr. Francisco Sanchez Curbelo, Secretary-General of the Society, and the address which Dr. Maria Julia de Lara Mena gave at the second national congress of the *Club Femenino de Cuba* held in Havana on September 28, 1925. The *Club Femenino de Cuba* has issued in pamphlet form an address, *Lucha Contra La Prostitucion y la Trata de Mujeres*, by its president Miss Hortensia Lamar in which the club protests against prostitution and declares its efforts toward the control of the venereal diseases.

Minnesota State Conference and Institute of Social Work.—September 18th to 24th are the dates selected this year for the Minnesota State Conference and Institute of Social Work to be conducted at the Minnesota State Agricultural College at St. Paul. The officers are again planning to make the program of special interest to rural Minnesota, as well as to professional social workers throughout the state. The morning sessions of the Conference will have sections on the general topics of health, children, neighborhoods, delinquents, and the family. Stress is to be placed on the work of allied groups, such as the religious groups, the State Probation Association, officials charged with the enforcement of laws relating to children, etc. The Institute will be held on each afternoon of the Conference, and it is offered as an open forum for both the public-minded citizen related indirectly to social work and the professional social worker.

Annual Meeting of the American Public Health Association.—The fifty-fifth annual meeting of the American Public Health Association will be held at the Hotel Statler, Buffalo, New York, October 11-14, 1926. The last meeting of the Association held in Buffalo was in 1901 when Dr. Benjamin Lee was president. Dr. F. E. Fronczak, Health Commissioner of Buffalo, is chairman of the local committee on

arrangements, and it is believed that the location of Buffalo as the convention city will assure a large number of delegates from Canada. Members from Mexico and a number of public health workers in South America also are planning to attend the meeting.

New York State Parents and Teachers Attend Social Hygiene Lectures.—The New York State Branch of the National Congress of Parents and Teachers has shown consistent growth in its interest in social hygiene measured in terms of the yearly increase in the number of lectures and attendance. In 1923 a total of 347 persons in this state organization attended five lectures. In 1924, 22 lectures were given to an audience of 1888 parents and teachers. And in 1925 the number of lectures increased to 72 and the total attendance increased to 5639 persons.

Venereal Disease Control in Denmark.—A translation and abstract of this article which was written in German by F. and H. Haustein appeared in the March 19, 1926, issue of *Venereal Disease Information*. The authors give an historical account of the control of the venereal diseases in Denmark and say in part:

Syphilis was spoken of in Denmark as needing public control as early as 1516. Denne tried to found an asylum "to take poor diseased persons who were lying about in the streets of Copenhagen and were suffering from loathsome disease, 'pox,' and other tribulations sent by God, and who could find no housing facilities." It was pointed out that the public bathrooms constituted a danger, as persons afflicted with syphilis took their baths with persons who were free of this disease. These bathing establishments evidently were closed for this very reason in 1556.

In 1546 King Christian III published a decree, stating that he had heard from the superintendents of hospitals that many diseased women had evidently contracted the disease by immoral life, and that he wished all clergymen to preach against this immorality, also exposing the dangers of these loathsome diseases. He furthermore forbade that these women be taken into the asylums in order that they might be given as bad examples, and not worthy of being taken into any house. On the other hand, the church took a different stand on the subject in 1553. Its attitude was medical and humane. The church asked all physicians to do their best to help diseased people, recommending special care and gratuitous treatment for those afflicted with syphilis.

In 1582 King Frederick II passed a law regarding syphilis and marriage. It was stated that the contraction of an infectious disease by either of the marriage partners should not constitute a cause for divorce but this cross, imposed upon them by God, should be borne with patience. However, it is stated that it would

be a Christian attitude if the one suffering from the disease would not wish to infect the other. On the other hand, if the disease existed at the time when the parties were engaged to be married, and if the party suffering from the disease had not communicated this fact to the partner, it would constitute a legitimate cause for divorce. An old Norwegian church decree considered the contraction of the disease as a valid reason for suspending an engagement.

During the seventeenth century no special laws were made for syphilis, but some general laws on infectious diseases were promulgated.

Syphilis in the eighteenth century was made the subject of medical investigation as it evidently had become endemic in the rural districts. In 1773, two surgeons were appointed for the treatment of venereal diseases and several beds were put aside in the hospital to treat these patients. On the Isle of Fünen notification was compulsory. The clergy were asked to coöperate in finding any suspicious persons and giving their names to the surgeons so that they might undergo treatment. Special hospitals were considered too expensive and therefore it was suggested to rent a house which would serve as a refuge for these patients. In 1788 the Aarhus Asylum was founded where all patients afflicted with venereal diseases were treated free of cost. Those who had not taken treatment voluntarily were put into jail after their treatment had been completed.

The difficulty which prevails to-day was rampant at the time of Fridsch, in 1788, who tried to make rules which would prohibit quackery. Patients with venereal diseases were very apt to give themselves into the hands of these quack doctors and to use nostrums. A law against the latter was passed in 1794.

It seems that the disease was pretty well under control in the beginning of the nineteenth century. One of the main sources of infection named was the migrating dressmaker. These women traveled about in the country making dresses on the farms and they were generally housed with the children of the family. In 1817, the Aalborg Hospital had five rooms with 40 beds for housing venereal patients. At first no special measures were taken against the prostitute. The reason was that legalization of the institution was not considered right. Prostitution was, however, tolerated until 1874 when reglementation was instituted. Brothels were sanctioned under the condition that the inmates were regularly examined. These houses were abolished in 1901, and in 1906 the present laws for venereal diseases were adopted and amended in 1918. Free treatment is still given and at the present time 12 physicians including 2 women physicians carry on venereal disease control and treatment in Copenhagen.

The authors deduce from their statistics that a decrease of 33 1-3 per cent of new infections has occurred between 1912 and 1922.

Downward Trend in Juvenile Delinquency Rate.—Urging the need of national statistics on juvenile delinquency, the Children's Bureau made public recently a statement summarizing what official figures there are on this subject. These show, contrary to widely published statements, decrease in juvenile delinquency rates in large cities. Census reports covering the whole country indicate also, the bureau found, "no significant increase" in the number of children com-

mitted to institutions for the more serious offenses—homicide, robbery, burglary. Of the 14 cities—New York, Boston, Buffalo, Chicago, New Orleans, Providence, Richmond, St. Louis, Washington, D. C., Rochester, Detroit, Minneapolis, Philadelphia, and Seattle, for which the Children's Bureau was able to secure juvenile court statistics, decreased delinquency rates were found in the first named nine cities.

Bibliography on Child Welfare.—In its issue of May, 1926, the *Bulletin International de la Protection de L'Enfance*, of Brussels, published a bibliography of the chief publications on child welfare matter in all languages. Of the 285 publications listed, 21 are by persons in the United States. Among them are 14 Government studies and reports—chiefly from the Children's Bureau, United States Department of Labor—two papers by Miss S. P. Breckinridge, one by Dr. Thomas O. Eliot, one by Professor Charles R. Henderson, and a book by Miss Chloe Owings of the Department of Protective Measures of the American Social Hygiene Association.

Child Marriages in Kentucky.—Charles E. Gibbons, in an article appearing in *The American Child*, May, 1926, states that in connection with a recent investigation by the National Child Labor Committee some extremely significant facts upon child marriages were brought to light. Of the 3000 white children and the 350 Negro children 14 and 15 years of age, on the census lists of the towns surveyed, 37 white children and seven Negro children—all girls—were reported to have been married during the past year. Eleven of the white children were 14 years old; 26 were 15 years old. Three of the Negro children were 14 years old; and four were 15 years old. Two of the white children had completed the 3d grade; five, the 4th; eight, the 5th; six, the 6th; three, the 7th; five, the 8th; and one, each, the 9th and 10th. One Negro child had completed the 5th grade; two, the 6th; and two, the 7th. If the percentage of children who have married in these towns and cities holds true for the state as a whole, it would mean that approximately 1400 children between the age of 14 and 15 have established homes in Kentucky during the past year. In Kentucky girls 12 years of age and boys 14 years of age are permitted to marry with the consent of their parents. Mr. Gibbons goes on to say that children of these ages are neither physically nor mentally fit to assume the responsibility or undertake the labor of making and keeping a home of their own. Many of these marriages

are doubtless an adventure of the child to escape the drudgery and monotony of the home provided by the parents, and the child does not foresee that the task of making his own home is infinitely harder and more difficult. Furthermore, these children, many of whom had not completed more than the fifth grade, and who, because of their youth, had received but a short period of practical home training in their parents' homes, are charged not only with making and maintaining a home by themselves, but with the responsibility of caring for and helping to train and to educate a part of the next generation.

Prevention of Ophthalmia Neonatorum.—The Department Laboratory of the Tennessee Department of Public Health has announced that it is to make the wax ampules of silver nitrate used in treating the eyes of the newborn. This treatment, which was proposed by a German physician named Crede, in 1882, has reduced to a large extent the occurrence of babies' sore eyes with possible subsequent blindness. The ampules will be distributed free to all physicians in Tennessee. Every attendant at a birth is required by law to use drops of one per cent solution of silver nitrate in the baby's eyes.

Birth Registration in New York State.—A check on the completeness of the registration of births in the State of New York was made by the United States Census Bureau during February 2 to 27, 1926. The test, based on the births which occurred in August, September, and October, 1925, in 29 counties of the state, showed that the registration was 98.8 per cent complete. The registration was 100 per cent complete in 10 counties. In one county the test showed a registration of only 80 per cent (five births, of which four were registered). In this case the small number of births involved makes the percentage of no significance. In the remaining 19 counties the registration was from 92.1 to 99.3 per cent complete. The retention of a state in the United States Birth Registration Area is conditioned on the reporting of at least 90 per cent of all births.

Conference on Health of the Merchant Marine.—The Norwegian Red Cross has organized an itinerant conference on the health of the merchant marine, to take place June 28th to July 6th, from Oslo. Visits have been arranged to Bergen and Trondhjem to inspect the medical dispensaries for sailors in these towns. Addresses will be given by authoritative speakers on different subjects connected with

health work amongst seamen. The Norwegian Red Cross asked the League Secretariat to issue invitations to the conference to the Red Cross Societies of maritime countries. The societies, in turn, were requested to pass on invitations to other associations caring for the welfare of seamen in their respective countries.

Report on Appraisal of Health Service in Illinois.—Medical measures for the control of the venereal diseases were considered in the appraisal of health conducted by the Illinois Department of Public Health in the year 1925 in 15 Illinois cities. The reporting of cases, clinic treatments, and follow-up of patients, who discontinue treatments before being rendered noninfectious, were checked and regarded as the index of efficiency of medical measures. Of the 1000 points allotted to all health activities, 50 or 5 per cent were credited to the venereal diseases control activities. Springfield and Decatur each scored 100, meaning that these cities are meeting their responsibilities in this field to a satisfactory extent. Three cities adjacent to Chicago are found at the bottom of the list, which is partly accounted for by the availability of the public clinics in Chicago. In 10 of the 15 cities no venereal clinics are now being operated, and the State Department of Health is assisting financially the five active clinics. In the reporting of cases of venereal diseases, it was found that physicians are not complying with the law in many cities. So far as could be determined, there is no opposition to the existing clinics although it was stated that the attitude of the medical profession had prevented the operation of clinics in some cities.

Sir Claude Hill Appointed Governor of the Isle of Man.—Sir Claude Hill, General Director of the League of Red Cross Societies, has been invited by the British Government to return to public service and to assume, as from May 15th, the duties of Governor of the Isle of Man.

In submitting his letter of resignation Sir Claude Hill said: "Pending that meeting (Executive Committee Meeting, July 5th), with the consent of the British Government and the approval of the Chairman of the Board of Governors, I shall continue to take full responsibility for the work of the League Secretariat, although I shall not, of course, be able to continue regular attendance at the headquarters office. I shall, however, keep in constant touch with the work of the different services, and shall continue to be responsible for the general

policy of the League from a distance, as I have been on previous occasions when on leave. . . ."

The Cost of Children.—It costs about \$7238 to rear a child from and including birth to the age of 18 years, according to the Metropolitan Life Insurance Company, which is making a series of studies on "the value of man" based on the approximate expenditures in dollars and cents for the growing child during the nonproductive period of life. This total is reached by adding to the initial "cost of being born," estimated at \$250, the sums of \$2500 for food, \$3400 for clothing and shelter, \$50 for education, minor items met by the individual family purse, \$284 for health, \$130 for recreation, \$54 for insurance, and \$570 for sundries. These figures are believed to be a fair representation of the money expended by a family, the father of which is in the \$2500 income class, in raising a child through its minority. A pecuniary measure for rating the income value of the personal services of the mother and other members of the family is lacking. No distinction has been made for sex, because the difference in amounts for girls and boys is relatively small. Major items of education have been omitted because, according to the present system of public education, the parent here considered contributes comparatively little actual money toward the education of his children. Although he carries a share of the tax burdens in the rent he pays, etc., it cannot be determined even approximately just how much he actually spends in this direction.

From the standpoint of the community certain additional costs must be considered owing to the fact that not all children born survive. In order actually to raise 88,264 children to age eighteen, the community must bear the cost of the birth and partial rearing of a full complement of 100,000 children. The computation which must be charged for this item of mortality gives the sum of \$185 up to the age of eighteen. Also, considering the money expended on the child as being kept from an interest bearing investment, the additional cost to be added to the original figure of \$7238 for interest charges is \$2624. Thus the total expense, making the proper allowance for deaths and for interest on capital, is \$10,047.

Social Hygiene Talks in New Jersey.—The lecture season of the Bureau for Venereal Disease Control in New Jersey for the fiscal year has come to an end. A total of 356 addresses were given, all except

31 being given by two members of the staff, Dr. Sarah Rudwick and Mr. William Sampson. Speakers were furnished free of expense for all groups, provided an audience of 25 was assured. Talks were delivered to 120 parent-teacher groups (women only), to 30 parent-teacher groups (men and women), to 80 groups of high school boys and girls (separate groups), to 58 meetings of Rotary, Kiwanis, and Lions Clubs, to 13 normal-school groups, 10 national guard groups, and 41 gatherings of religious, industrial, professional, and social workers. Altogether about 39,000 persons were reached.

Health Films Shown in Greece.—The films which the Greek Red Cross recently procured through the offices of the League of Red Cross Societies will be shown shortly in Athens and in the provinces, to illustrate lectures on malaria, tuberculosis, and venereal diseases. This series of illustrated lectures to be given in different centers throughout Greece forms part of the health campaign now being carried on by the Greek Red Cross.

Bradford Corporation Act, Great Britain, 1925.—An article in the April, 1926, issue of *Public Health* states that since the Royal Commission reported in 1916 circumstances have changed in Great Britain, and opinion now favors some form of notification as a means of securing continuous medical treatment of the venereal diseases. Recently in Parliament Bradford obtained modified powers of notification as follows:

SEC. 68 (1).—In the following cases venereal disease shall be deemed to be an infectious disease to which the Infectious Disease (Notification) Act, 1889, applies, that is to say,

(a) Any infant under two years of age suffering from any such disease.

(b) Any person (not being a child) suffering from any such disease who, after being informed by any medical practitioner attending on or called in to visit him, or by the Medical Officer, that further treatment is necessary in order to effect a cure of such disease, refuses or neglects to undergo such further treatment.

Provided that notwithstanding anything contained in the said Act it shall not be the right or duty of any person other than a medical practitioner to give notice to the Medical Officer of any case of venereal disease.

N.B.—For the purposes of this Act, the expression "Venereal Disease" means—syphilis, gonorrhea or soft chancre.

In reference to this Act it is pointed out that notification is not to be considered an end in itself. It is the influence of the measure in

securing continuous treatment which counts; practitioners and the authority should have a common understanding as to when cases require further treatment; and notification of venereal diseases should be confidential communications between two medical practitioners and not regarded in the same light as other notifications.

New Association of Court Investigators and Probation Officers Formed in Paris.—Word has been received from Paris, France, of the organization of an Association of Court Investigators and Probation Officers. Readers of *The Survey* may recall that in the issue of September 15, 1923, there appeared an account of the creation of the first Social Service Committee of the Paris Children's Court. This Committee grew out of recommendations made in a doctor's thesis at the University of Paris by Miss Chloe Owings now of the staff of the American Social Hygiene Association.

As a result of the work carried on in that Committee a second recommendation has now materialized in the creation of this new Association whose General Secretary is Judge Pollinard of the Paris Court.

In France the law does not provide for payment of probation officers or of social investigators. Until quite recently the pre-court investigations have been carried on by the examining magistrates. Their chief source of social information is a formal police questionnaire filled in by police officers in conversation with the family itself and containing only categorical answers to questions relating largely to vital statistics. Since February 1926, however, the practice has been growing of using qualified persons for these social investigations. Now comes the creation of a group of these persons who are all engaged in work with adolescents. Some are paid workers, others are volunteers. At their first meeting there were 108 persons present, an event, which, for those who know France, augurs well for the undertaking.

Courses of instruction and conference groups are planned. According to Judge Alphonse Aubry, President of the Paris Children's Court, enthusiasm and serious attention to the work is evident and the General Secretary is devoting his whole energies to the success of this important social venture.

Campaign Against Self-Treatment of Venereal Diseases.—Following the "Keeping Fit" campaign in Syracuse the Department of Health

of Syracuse conducted a special drive directed against self-treatment of venereal diseases, because of the conviction that a considerable amount of the unfortunate consequences of such infection results from attempts at self-treatment by the use of nostrums, and because if the sale of nostrums can be stopped, more patients will go to a qualified physician, or to the public dispensary, where they will receive proper treatment. The Department was assisted in this campaign by both the State Department of Health and the Milbank Memorial Fund. A special investigator interviewed 82 druggists of Syracuse, explaining the unfairness and the risk of self-treatment by the use of so-called "specifics," and asking their support to stop the practice. Fifty-one of the druggists stated that they carried proprietaries for the treatment of venereal diseases; 27 that they did not. Of the 51 druggists who had these proprietaries in stock, all but eight agreed to discontinue their sale; some even to destroy their stock. At a subsequent meeting of the Syracuse Druggists' Association a resolution was passed endorsing this campaign of the Health Department and pledging the support of the Association to discontinue the sale of these specifics.

Meeting of the Kansas City Social Hygiene Society.—The spring meeting of the Kansas City Social Hygiene Society was held at the Hotel Baltimore in Kansas City on May 18th, with an attendance of about 200 persons. Dr. Charles C. Dennie, chief of the Department of Syphilis, Kansas City General Hospital, who is chairman of the Medical Division of the Society, gave the address of the evening. His subject was "The Recent Advances in the Diagnosis and Treatment of Syphilis."

Effect of Early Treatment of Congenital Syphilis in Children.—In an article in the *These de Paris*, 1925, No. 520, G. Gardel stated that of 80 children with more or less definite signs of congenital syphilis who had received early treatment and had been kept under observation for several years, 72, or 90 per cent, survived. Death in five of the eight fatal cases was due to an intercurrent infection. Syphilis by itself was rarely the cause of death, which is not surprising in view of the fact that there were few severe cases with grave visceral lesions. Among all the manifestations of congenital syphilis eruptions entailed the gravest prognosis (six out of 20 cases were fatal). The earlier

they appeared after birth the more serious they were likely to be. Eruptive cases constituted 80 per cent of the deaths. In fatal cases death almost always occurred in the first year, especially in the first six months (seven out of eight cases). The child's future depends mainly on the conditions of hygiene and the environment in which it is brought up. None of the cases observed by Gardel was admitted to hospital, and almost all (70 per cent) had been fed at the mother's breast, or at least had a mixed diet (13 per cent). Of the 72 survivors who had undergone more or less regular mercurial treatment 48, or 66.6 per cent, were absolutely normal at the time of the last examination, and 24, or 33.3 per cent, showed stigmata of congenital syphilis. Sequelae were relatively rare and generally mild.

Juvenile Delinquency Decreasing in St. Paul, Minnesota.—Mr. E. W. Johnson, Superintendent of Playgrounds, says that the statement that juvenile delinquency is decreasing in St. Paul is based on the report of the Juvenile Court. In the year 1925, the cases brought before the court numbered 585; in 1924, 725. The number of cases on probation coming before the Municipal Court in 1925 was 509; in 1924, 597. It was reported by the Juvenile Court, after checking over the districts of the city, that where playground areas were operating under a very definite program the cases of delinquency had decreased materially, and that a large number of delinquents came from areas too far away for the playgrounds to serve.

Health and Safety Propaganda in Holland.—A new method of advice on health and safety, called "Safety and Health-Corners" has been introduced in the Dutch press by Dr. E. Waisvisz of Zaandam, Holland.

A circular letter signed by experts and societies for hygiene and safety was sent to the Dutch newspapers in which editors were requested to keep open, regularly, space in their papers for the publication of short, clear hints on hygiene and safety. After one week 95 editors sent word that they were willing to comply with the request. This success caused the Government Council for Hygiene to take the lead in this affair. The Council for Hygiene receives from the experts (factory inspectors) and from the societies for health and safety the hints which are to be published and makes lists of these sufficient for publication during a week or a month. All papers receive the same

texts, and since the Council for Hygiene sends its letters "In the King's service" this way of informing the people will not cost more than a few guilders of paper a year.

The papers contain a hint every day. On account of the great number of accidents, they give every week a warning on electricity and one on street traffic. Regularly hints on other subjects will be repeated (quackery, treatment of babies, medical inspection before marriage, and in case of pregnancy, hygiene of teeth and eyes, hygienic hints in periods of great heat, etc.). From time to time a special campaign will be held on special subjects such as danger of lightning, traffic, typhoid fever. It is now possible to give warning to the people as soon as there is a new danger (epidemical disease, new dangerous machine, etc.).

Efforts have been made to introduce "Health and safety" as a branch of the school curriculum. The schools at Amsterdam are already doing this. Several examples of "corners" in papers are: "Mother, take care that your children never accompany unknown people!" and "Medical inspection before marriage prevents repentance of the father, danger of the mother, diseases of the children."

Bill to Extend the Federal Maternity and Infancy Act.—On April 5th, the House of Representatives passed the bill (H. R. 7555) to extend the provisions of the Federal Maternity and Infancy Act for two years after June 30, 1927, when the five-year period would otherwise expire. It is reported that to carry this act into effect costs the federal government approximately \$1,240,000 a year, and costs the state governments together almost a million dollars a year.

Report of the Department of Public Health of the Province of Saskatchewan.—The published report for the year 1924 of the Division of Venereal Diseases, states that there are five dispensaries in the province for the free examination and treatment of the venereal diseases. The number of patients treated during the year 1924 was 1457, 1020 of whom were males, and 437, females. The number of cases of syphilis was 548, 59 less than in the preceding year, and the cases of gonorrhea numbered 909, or an increase of 85 cases over the preceding year. The number of treatments given were as follows: male 27,211, female 6023, making a total of 33,234, an increase of 1904 treatments over the previous year. In regard to the question

of how many people attending the free clinics could afford to pay for treatment, a survey was made of 300 patients, 100 taken in order of admission from each of the three leading dispensaries in Saskatchewan. Of these 300 patients, only 9 per cent were in a position to pay something toward their treatment. Toward the end of the year 1919 an agreement was made between the federal and provincial governments, whereby Saskatchewan received \$15,261.62 until the end of 1923 when the amount was reduced to \$11,122.52 a year.

ASSOCIATION NOTES

Those who are interested in social hygiene and who are planning to attend the Sesquicentennial International Exposition which is being held in Philadelphia for six months commencing June 1, 1926, will be pleased to know that an exhibit on social hygiene has been arranged and that they will be welcome visitors at the booth where every effort will be made to provide interesting material and sufficient space and accommodations to allow comfortable and leisurely perusal of the exhibit.

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After attending the Second Pan-American Conference in Washington, D. C., May 25th to June 5th, Dr. Walter M. Brunet of the Department of Medical Measures left for Jacksonville, Florida, to give a post-graduate course to Florida physicians under the auspices of the Florida State Board of Health, June 8th to 11th. June 11th, 12th, and 13th were spent in West Palm Beach, Tampa, and St. Petersburg, respectively; June 14th, in Atlanta, Georgia; the 15th, in Columbia, South Carolina; the 16th, in Raleigh, North Carolina; and the 17th, in Richmond, Virginia, conferring with the various city and state boards of health. Dr. Brunet expects to be in New York from June 18th to the 23d when he will leave for Detroit, Michigan, to be gone the rest of the month and most of July, except for July 6th to 16th, when he will return to lecture in the social hygiene course to be given by Columbia University during the summer session.

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Mrs. Edna P. Fox of the Department of Educational Measures arrived in Little Rock on May 6th to commence a series of lectures in Arkansas and to attend the convention of the Arkansas State Medical Association in Hot Springs, May 18th to 20th. Twelve talks were

given to parent-teacher groups and to junior and senior high school students in Little Rock, Pine Bluff, and Hot Springs. The attendance at the lecture given to the West Side Junior High School in Little Rock was 1400, and a total of 5467 persons heard the various talks given by Mrs. Fox.

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Dr. William F. Snow, General Director of the American Social Hygiene Association, was elected chairman for 1927 of the Health Section of the National Conference of Social Work at its annual meeting in Cleveland, Ohio, last month.

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"The Challenge of Childhood to the Teachers of America" has been announced by President Mary McSkimmon of the National Education Association as the central theme of the Association's convention to be held in Philadelphia, June 27th to July 2d. Besides the business sessions of the Representative Assembly there will be meetings of departments and allied organizations, and general sessions for persons not participating in the Representative Assembly. Miss Chloe Owings of the Department of Protective Measures and Mr. Newell W. Edson of the Department of Educational Measures of the American Social Hygiene Association are planning to attend the meetings on June 28th to 29th and June 30th to July 1st, respectively.

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Mr. Edson of the Department of Educational Measures left for Maine on June 3d to address the state convention of the National Congress of Parents and Teachers in Augusta on June 5th. On June 17th he will be in Barre, Vermont, to address a conference of older boys. Part of his time in Maine will be spent in the preparation of a new pamphlet for sex education. Mr. Edson will also spend the months of July and August in the field, attending the National Education Association Conference in Philadelphia on June 30th to July 1st; lecturing at the summer school of the Southern Methodist Episcopal Church at Lake Junaluska, North Carolina, July 5th to 10th; lecturing at the University of Michigan, Ann Arbor, July 12th to 16th; at the Eastern Association School of the Young Men's Christian Association, July 23d to August 5th; and at the summer school of the National Council of the Young Men's Christian Association of Canada at Couchiching, Ontario, August 12th to 20th. The subject of Mr. Edson's lectures will be "Present Trends in Sex Education."

BRIEFER COMMENT

G. STANLEY HALL. A BIOGRAPHY OF A MIND. By Lorine Pruette. New York: D. Appleton and Company, 1926. 267 p. \$2.50.

The book is a psychological interpretation both of the man and his work and intimately reveals the great psychologist as well as much of modern psychology.

A HEALTH EDUCATION PROCEDURE FOR THE GRADES AND GRADE TEACHERS. By K. W. Wootten. New York: National Tuberculosis Association, 1926. 420 p.

A useful volume containing material which has been put to the test for several years. Practical methods and materials are suggested to the teacher and a course of study given from primary grades to senior high school. There is one chapter on sex education and a paragraph on venereal diseases.

MANUAL OF PUBLIC HEALTH NURSING. Prepared by the National organization for public health nursing. New York: The Macmillan Company, 1926. 169 p. \$1.10.

A manual of methods to be used as a guide by the nurse in large or small community in a special public health nursing or general community program. Four pages are given to the subject of nursing procedure for venereal diseases.

MENTAL ABNORMALITY AND DEFICIENCY. By Sidney L. and Luella C. Pressey. New York: The Macmillan Company, 1926. 356 p. \$2.60.

An introduction to the study of problems of mental health emphasizing the extent of mental disease and disability, the highly individual nature of the problems of mental abnormality and the fact that mental ill health can in many cases be cured or prevented.

THE MONGOL IN OUR MIDST. A STUDY OF MAN AND HIS THREE FACES. By F. G. Crookshank, M.D. New York: E. P. Dutton and Company, 1924. 124 p. \$1.00.

The three faces of man in the theory put forth by Dr. Crookshank, are the white, the Mongol, and the Negro. There is also a homologue on the chimpanzee, the gorilla, and the orang-utan.

A PSYCHOLOGICAL STUDY OF IMMIGRANT CHILDREN AT ELLIS ISLAND. By Bertha M. Boody. Baltimore: The Williams & Wilkins Company, 1926. 163 p. \$4.00.

A study based on four months work at Ellis Island with tests, examinations, and investigations into the mentality of the races there. A full tabulation of results and an interpretative summary constitute the main portion of the book which also includes the immigration laws of procedure at the port of entry.

PYGMALION OR THE DOCTOR OF THE FUTURE. By R. M. Wilson. New York: E. P. Dutton and Company, 1926. 67 p. \$1.00.

"A vivid encouraging pen picture of what the doctor of the future will be and what he will probably be able to accomplish in the way of cures, all told in simple, non-technical language."

TENTH ANNUAL REPORT OF THE BRITISH SOCIAL HYGIENE COUNCIL. (Incorporated.) London: British Social Hygiene Council, 1925. 123 p.

The old National Council for Combating Venereal Diseases holds its first meeting under its new name and emphasizes the need of close connection between the medical, social, and moral campaigns against venereal diseases in order to preserve and strengthen the family as the basic social unit.

THE UNMARRIED MOTHER AND HER CHILD. By Marion Piddington. Sydney, Australia: Moore's Book Shop. 16 p.

A plea for a change in attitude toward unmarried mothers and for sex education and training of the young as a preventive measure for sex delinquency.

THE VISITING TEACHER IN ROCHESTER. Report of a study by Mabel Brown Ellis. New York: Joint Committee on Methods of Preventing Delinquency, 1925. 205 p. \$.75.

A study of work of the visiting teacher whose task is to seek out and help the public school child who seems unable to adjust himself happily to the educational and social requirements of the classroom and playground.

Rochester, New York, is the only city where a full-fledged visiting teacher department has thus far been established under a board of education.

PUBLICATIONS RECEIVED

Under this head the JOURNAL OF SOCIAL HYGIENE lists publications received and not reviewed. Those which fall sufficiently within its field and are of sufficient importance to its readers to warrant comment will be reviewed in later issues.

- ANTHOLOGY OF VERSE BY AMERICAN NEGROES, AN. Edited by Newman Ivey White and Walter Clinton Jackson. Introduction by James Hardy Dillard. Durham, North Carolina: Trinity College Press, 1924. 250 p.
- GRACE H. DODGE. Merchant of Dreams. A biography. By Abbie Graham. New York: The Womans Press, 1926. 329 p.
- EDUCATION AND THE GOOD LIFE. By Bertrand Russell. New York: Boni and Liveright, 1926. 319 p.
- G. STANLEY HALL. A Biography of a Mind. By Lorine Pruette. New York: D. Appleton and Company, 1926. 266 p.
- HYGIENE OF THE HOME, THE, AND RESPONSIBILITY FOR SEX EDUCATION. By John J. Mulowney, M.D. Boston: The Christopher Publishing House, 1926. 195 p.
- INTERNATIONAL ASPECTS OF BIRTH CONTROL. The Sixth International Neo-Malthusian and Birth Control Conference. Volume I. Edited by Margaret Sanger. New York: The American Birth Control League, Inc., 1925. 240 p.
- MANUAL OF NORMAL PHYSICAL SIGNS, A. By Wyndham B. Blanton, M.D. St. Louis: The C. V. Mosby Company, 1926. 215 p.
- MEDICAL AND EUGENIC ASPECTS OF BIRTH CONTROL. The Sixth International Neo-Malthusian and Birth Control Conference. Edited by Margaret Sanger. New York: The American Birth Control League, Inc., 1926. 247 p.
- ORGANIZED LABOR AND THE LAW. With Especial Reference to the Sherman and Clayton Acts. By Alpheus T. Mason. Durham, North Carolina: Duke University Press, 1925. 265 p.
- PROBLEMS OF OVERPOPULATION. The Sixth International Neo-Malthusian and Birth Control Conference. Volume II. Edited by Margaret Sanger. New York: The American Birth Control League, Inc., 1926. 208 p.

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PROBLEMS OF DELINQUENCY AMONG GIRLS *

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Raleigh, North Carolina*

When we speak of the delinquent girl we usually have in mind the sex offender. We are still so far from a single standard of morals that we do not think of the problem of the delinquent boy as primarily related to sex as we do in the case of the girl. There are instances, of course, when conditions are reversed and a boy commits some statutory offense or is the victim of extreme perversions just as there are instances when a girl steals, plays truant, or runs away from home. But as a general thing when we speak of a delinquent girl we mean one thing, and when we speak of a delinquent boy we mean another. This, perhaps, is true for reasons other than our double moral standard. The girl as a sex offender is more dramatic and more important. Her acts are fraught with consequences that are of supreme importance to the race, both socially and biologically, and should have received far more attention from a scientific viewpoint than they have.

* Read before the Social Service Conference of the Methodist Church, Junaluska, North Carolina, July 9, 1926.

The problem of sex has been so misunderstood, and mishandled, so obscured by pretense, ignorance, and hypocrisy, that when I try to push all this aside and see things as they are, I find it hard to be as definite as I could wish—to say this is wrong, or this is right—this is good, or this is bad—this is moral, or this is immoral. Just one thing I am inclined to be positive about. We are paying in full for all our past ignorance and narrowness in regard to sex by seeing the youth of to-day in rebellion. Excesses usually come from repressions. No honest, thoughtful person can deny that we have had an abnormal repressive attitude toward sex, or that we are now witnessing a time of license and revolt. This may have been hastened and exaggerated by the social disorganization of the past few years, which is always war's aftermath. But the war, I believe, was only a contributing cause, not a primary one, and we cannot lay all the blame on it. However, as reforms often come through the leadership of extremists, we can hope that the youth of to-day will help lead us eventually into attitudes and methods that will be sane, constructive, and satisfactory. If we are really concerned about this matter and are willing to face the issue, all of us can make some comparisons on our own account that will show how far we have traveled in a quarter of a century.

For instance, as a young married woman expecting my first child, I sought the advice of a neighbor, the mother of five children. She actually blushed when I mentioned my approaching maternity, and said it was a thing she never discussed. The other day a friend came to me in great perturbation. Her son was about to be married, and his fiancée had been invited to visit his home. The young couple in the presence of the boy's mother had calmly discussed the whole sex question as they knew it and as it related to their future happiness and economic situation. The mother was appalled and amazed at this frankness, and wanted to know if "all young people act that way now." These are extreme examples I have cited, of course, but as a basis for a happy married

life I think the modern frankness preferable and more conducive to morality than the feeling that sex is a kind of shameful mystery. Decent reticences are commendable; they are the characteristics of the refined and cultured; but commendable reticence is a far different thing from denying youth and inexperience such help and information as it needs to shape and protect its own life and destiny.

In order that you may see for yourself some problems of the individual girls whom the State Board of Charities and Public Welfare has tried to help, and our lack of facilities, both physical and spiritual, for helping them, I am going to take some of these girls out of our office records and let them pass before you as vividly as possible. I shall speak for them as strongly and as kindly as I can, for they themselves are a pitifully inarticulate group. (All names and places are changed, of course.)

Ruby Martha Caswell was born twenty years ago in one of our western North Carolina counties. We first knew of her about two and a half years ago when a girls' protective association in a western city wrote one of our county social workers that they were sending Ruby and her baby back to North Carolina. They said Ruby had fallen into their care as a result of a complaint she had made to police headquarters in regard to the conduct of some man she had become acquainted with at the movies. When she was about seventeen she had gone west to live with a brother, taking with her a tiny baby—illegitimate, of course. The brother refused to keep her longer, complaining that she was lazy, insolent, and non-coöperative. The Protective League wrote, however, that she showed a fine spirit while with them, seemed extremely fond of her baby, and expressed a desire to get work in a hospital. The girl's home, on a small isolated mountain farm in North Carolina, was visited by a representative of our Board, and her early history learned.

Her father is an illiterate preacher; her mother, dead since Ruby was two years old, came of good mountain stock. A

step-mother came into the family who never seemed to get on with Ruby. A local doctor stated that "the girl was turned loose at an early age just like a calf." Her sex delinquencies began when she was about 14 years of age. After Ruby came back to North Carolina, every effort was made by the social worker, a capable, well trained, sympathetic woman, to give her a chance, but our facilities for doing so were totally inadequate. The two things that we had to build on in Ruby were her love for her child, a beautiful little girl, and her oft expressed desire to take some sort of training. She had finished the eighth grade in school, but that did not fit her to make a living. There was no chance for her in her own community where she and her family were well known to every one. Pending an opportunity to work out some plans for her she was placed in the County Home, and was paid a small sum to help look after the inmates. We find her writing from here to the social worker, "I want to go to school worst of all. Please do all you can for me as I am never going to do any good here. Charles Dean [the reputed father of her child] is always in my face here; temptations are hard to overcome."

An effort was made to place Ruby's baby temporarily in some home or institution while she was given an opportunity to take some special training in order that she might eventually care for the child and herself. Three orphanages in the state, and the Children's Home Society were asked to take the baby temporarily. Four correctional institutions were importuned to give Ruby a chance. All declined for lack of room or for other reasons. The unavailing efforts of the social worker were spread over a period of a year. Eventually, the baby was adopted by a good family. Its case was easy enough to solve. But its mother walks the streets. A psychiatrist had diagnosed Ruby as a "social psychopath, natural prostitute type." A psychopath is described as a person under the influence of an abnormal instinct. There may or may not be a "natural prostitute type." That is

debatable. Those of us who knew Ruby will always wonder whether she would be walking the streets to-day if we could have carried out our plans for her, namely, given her some special training, fitted her into a job, and made it possible for her to keep her baby and be responsible for it.

Never feel that the marriage ceremony has anything to do with maternal affection. That comes naturally and freely without the aid of a book or ring, and is fine and laudable wherever we see it. It is one of the great assets we have in dealing with young sex offenders, which we cannot use for constructive purposes as freely as we should, largely as a result of the hostile social attitude toward the unmarried mother.

Less than fifty miles from here live a young man and his wife. Less than a mile from my home in Raleigh lives his lovely blue-eyed baby girl with her foster parents. In another North Carolina town lives the mother of the child.

One day last winter there came a knock at my door about six o'clock in the morning. I answered it to find standing there a man and a young girl with a bundle in her arms, which proved to be a baby. The man was a relative of the girl, who, when her father and brothers turned her out, took her to a maternity home, and who, now that the baby was a few weeks old, was bringing her to us in order that we might quietly dispose of the baby and "save the family from disgrace." Arrangements were made for the mother and child to be looked after until we could make further investigations. The girl, Alice, is a quiet, refined, rather dignified girl of twenty-two. She was attending summer school in one of our colleges when she met the father of her child, also a student. When her condition had become known by her family, consisting of a father and three brothers, they, acting with the usual masculine attitude, summarily turned her out into the world. Had it not been for the unusual kindness of the relative who took her in and sheltered her, her only recourse would have been the house of prostitution, and perhaps the

abortionists. Professional prostitution is forced on many a girl in just this way.

From the time Alice's baby was born her determination to keep it and care for it in the face of all opposition and obstacles was brave and beautiful. But she was physically frail, and worry over the situation had almost unbalanced her mentally. She could not assume financial responsibility for her child until she took some special training. Her old profession of teaching was barred to her. Her plan was to get someone to care for her baby temporarily while she took a business course. To do this she needed money, and more than that, friendly interest and encouragement. Her family, good substantial farmers, were obdurate. They would cast her off, everyone of them, they said, if she didn't give that baby up. Even the relative would not coöperate in any plan which included Alice's keeping the baby. Those men haunted me. They would come to my home after nightfall for fear of being found out, three of them at a time, harping continually on the fear of disgrace. "Why," they said, "one of Alice's brothers is in the state university. He'd be ruined if this thing got out." Finally, one night when I had the whole crowd in my house, I faced them. "Now," I said, "I want to ask you a question. Is there a man among you who hasn't had extramarital experience?" They looked at me in silent astonishment. "Your silence condemns you," said I. "Now don't one of you say to me again that Alice has disgraced her family. You are plaguing her into insanity or suicide and making it impossible for me to help her." I then tried to explain to them that the sex impulse is not the peculiar attribute of the male, and that ignorance, mental incapacity, instability, and the stress of overwhelming emotions are all elements that cause both sexes to misuse it. But this was meaningless to those men. A "fallen woman" was a "fallen woman," a "bastard" was a "bastard," and any family who had either was disgraced and that's all there was to it.

During this time I had been trying to trace the father of

Alice's child, and eventually located him in another state. In the meantime he had married. He at first denied paternity, of course, but when I put before him the evidence in our possession he began to plead poverty instead of innocence. I was trying to get him to contribute enough money to pay the baby's board temporarily and make it possible for Alice to take a business course. The father, a well-to-do man, and the mother of the young man were appealed to without arousing any sympathy or coöperation. They are living here in one of these western counties, and the father's reputation is such that we can understand how the boy would have a blunted sense of honor and little regard for morality.

Finally, Alice gave in to the importunity of her family and asked us to have the baby adopted. Fortunately, we knew of a couple financially and morally fitted to care for a child, waiting for just such a lovely blue-eyed baby girl as Alice's. There seemed nothing else to do. Alice is trying to get herself together and patch up her life as best she can.

I confess I was puzzled when I looked at Alice. In her appearance there was nothing to indicate sensuality, hardness, or instability, and I could not forbear asking, "Alice, how did it happen?" "I do not know," was her reply. "I was not myself, it only happened once. I did not love the man. I was engaged to marry someone else whom I still love." When we are privileged to find out the truth about people at first hand, we are made to realize how far the intricacies of personality are beyond our weak and faltering human judgment. You are wondering, perhaps, why we did not take the case to court. We should, no doubt, have established paternity and gotten two hundred dollars, the usual amount granted the unmarried mother in this state. That would have been a poor return for the publicity and horrors of an open trial. You are also wondering if it's practical and possible for an unmarried mother to keep her child and make for herself and it any kind of a normal life. Well, is it?

In a certain aristocratic southern community the only

daughter of one of the leading families became an unmarried mother. The parents took an unusual stand. They said their daughter's child was their grandchild regardless of the circumstances of its birth. They took the child, reared and educated it. The daughter was not cast into the streets, but cared for in her own home. Eventually, she married a man of wealth and influence, and lives, so far as is known, a happy married life. The child, a boy, always lived with his grandparents and was their comfort and support in their old age. But you can imagine the furor this situation created twenty-five years ago in the surroundings I've mentioned. We can hear the neighbors saying that the grandparent's attitude was condonement and encouragement of immorality and an affront to the community. Yet it was the only honest and Christian thing to do. As for encouraging immorality, which, think you, of the two girls is more likely to commit a second offense, the one who has all the evidence covered up and *gets away with it*, or the one who accepts her responsibility and faces the world with her child? And to the credit of the unmarried mother be it said that she is usually willing and ready to care for her child. It's the family and the community who make this impossible.

In the same southern community lived another girl. Almost coincident with the case I've stated, it began to be whispered about that she, too, was in trouble. A hasty, forced, inadvisable marriage followed. She is living to-day most unhappily with a third husband, two former ones having been divorced. There have been children by all three husbands who have suffered keenly from these marital misadventures. We cannot be sure that the course of these two lives was the result of contrasted family attitudes. It may have been a fundamental difference in personalities, but who knows? Anyway, I have never been able to feel that a forced marriage without affection or respect is any solution.

Very different was the case of Olivia. She walked into our office one day, a well dressed, well poised, rather mature look-

ing young woman of perhaps twenty-eight or nine. Without embarrassment or hesitancy she stated her business. She was going to have a baby and wanted us to recommend a maternity home. She brought with her a letter from a man in which he stated that he was the father of Olivia's child; that he loved her and would marry her except that he was already married and his wife would not grant him a divorce. He wanted Olivia to go to some institution where she would have every care and comfort, and he would pay the bills. The attitude of these two was that they were seeking information, and didn't need or want advice. Our first inclination was to wash our hands of the whole situation, but there was the baby. It was perfectly evident that the parents had no intention or desire to keep it. Its future must be assured by someone, and the country is full of maternity homes, doctors, and nurses on the shady side of the profession who see such cases as this through and nobody ever knows what becomes of the innocent victim. So we looked after the girl, (there was money available), and saw that the baby was properly adopted.

I have previously referred to the fact that girls are frequently driven into professional prostitution by their families and friends. Yet, by the coöperation of a notorious prostitute, a few years ago we were able to save a girl who, otherwise, would have been forced to desperate measures. Following are two letters received from this woman which present an interesting viewpoint:

Dear Mrs. Johnson:

There's a girl living in T—— who made a mistake in life and went wrong, but she has never been with different men. She will become a mother in about two months, and I believe she will live straight if she can get some place to go and have the baby without her people knowing of her mistake. She seems to be a good honest truthful girl. Will you help me get some good old respectable woman to take her. She can pay her board and room rent, and is a nice desirable girl. She doesn't wish to throw herself away. She wants to outlive her mistake and make a lady of herself yet. Also she wishes to give

the baby to some good family of honest people. Mrs. Johnson, if you can help me find a good, clean place with a respectable family or some old lady who needs help, please write me at once. I am sending you her letter so you may investigate her case. Please do not let her people, who she lives with, know of her condition. They would drive her away like a dog. Please answer.

A few days elapsed while we were making a quiet investigation and the woman, becoming impatient, wrote again.

Dear Mrs. Johnson:

I am leaving B——— for New York in a few days and I am so worried over the girl I wrote you about, and I do not feel satisfied to go away and leave her until I am sure you are going to take her and place her somewhere for a few weeks until her trouble is all over, and save her name. If she is not cared for, she may fall far lower than she is at present. If I could take her I would gladly do so, but I could not do so without her people knowing everything. They would never forgive her. They would drive her out in the world and then she might fall in so much worse places than she has ever been. I do wish you would help her. She can pay her expenses. I hope she will never have to live as I lived for several years. I am willing to help pay all her expenses. Will you take her and place her in some good respectable home? I wish I could stay here, but I must go to my husband and children. They are in New York waiting for me. They need me. Please do take Miss ———— and help her. Address her to ————, and she will do whatever you say. I believe she deserves the help of good people. Will you please take her as soon as possible and place her in a nice good home and save the baby, also the poor girl.

Who has ever probed beneath the surface of such a type as this and tapped those hidden springs of human conduct whence come such diverse and contradictory characteristics?

On the dresser of another woman of this character were five objects—a photograph of a beautiful boy, a framed motto which said, "If whiskey interferes with your work, give up your work," a syringe with a number of cocaine tablets, a bottle of whiskey, and a crucifix. Many of these women have perfectly normal family relationships. The one whose letters

I gave has a husband and three children living in another city, and the children now grown have all been well educated. Yet her place in C—— has for years been infamous, and she, herself, in the courts time and time again.

But what of the girl who is neither a professional prostitute nor an habitual offender nor an unmarried mother? We have many such to deal with and they vary greatly in type. A recent experience with such a one has given me an insight into a personality, noble, unselfish, and lovely. At the utmost personal sacrifice, including, probably, her place in society, her opportunities for making a living, her innate modesty, and natural reticence, she voluntarily laid bare her experience with a man of power and influence in order that other women coming under his control might be saved.

But turn the pages and take a look at Jennie. She was a beautiful, well developed girl of fifteen when I first saw her, an only child who had been carefully brought up by unusually sympathetic and understanding parents. She had been sent to a select preparatory school. Her mother got a telegram one day saying that Jennie was being returned to her home with one of the teachers who would explain the situation. The mother was horrified on being told that Jennie was pregnant. The worst thing about it all was Jennie's attitude of complete indifference. In a perfectly unemotional way she related the whole experience. It seems that she had had a great "rush" from a young man who left town suddenly. Her friends had teased her about being what they called "ditched." She declared she would get him back. So she wrote him in effect that if he returned he might have any privilege he desired. The young fellow, a college boy of 19, eventually showed Jennie's mother the letter. He also said that he and Jennie talked the whole situation over before entering into any relationship. Apparently, they mapped out their course in an entirely unemotional, cold-blooded way. He had letters from a number of 14, 15, and 16 years old girls belonging to our "best families" written him from the school where Jennie

was, in which they discussed Jennie's condition quite frankly. They wrote that poor Jennie, unfortunately, had been found out and what was he going to do about it? Jennie's baby died. I do not know how she is now, but her mother frankly was looking forward to its coming in the hope that it would bring some warm, unselfish, normal reaction to Jennie.

One could go on indefinitely citing cases, portraying types. What we want to know is what can be done to help our girls—and in helping them we also help our boys—and what is our individual responsibility?

First of all, it seems to me essential that we have a more honest, fearless, searching attitude toward the whole complex problem of sex. Have not our age-old evasion, ignorance, and hypocrisy proved futile enough to demand some change? We must know more about causes—those which are social and external, those which are biological and peculiar to the individual. We must recognize the fact that the thing we call immorality is largely symptomatic. The discussion of this would in itself take up more time than I am given for this paper, and, after all, we know so little about it. The results we see—the causes, if we think at all, we merely guess at. But need of the following is certain: (1) Thorough and scientific sex instruction, or in other words, real and inclusive education. As to who should give this, parents or teachers, my own feeling is decidedly in favor of the parent, but how this is to come about until we properly educate one generation of parents, I do not quite see. Yet it is essential. (2) Recognition of the fact that individuals differ decidedly in their physical and psychological make-up. Lack of morality is nearly always a condition of the mental defective or psychopathic person, or of the individual who is mentally normal, but hyper-sexual. Immorality is not "original sin," but psychological sickness. (3) A more intelligent conception on the part of the public of the whole situation, and a broader and more Christian attitude toward those who would reconstruct a broken life. (4) More adequate facilities in the way of trained

social workers, good correctional institutions, and intelligent agencies to deal with those in need of specialized help.

One of the greatest virtues in this world, one of the marks of the highest courage and intelligence, is the ability to face facts. The untold misery which comes to thousands of girls, the warped and often ruined lives which have resulted from lack of this ability on the part of parents or from the reluctance of parents to acquaint their children fully with essential facts when recognized, is one of the most tragic things in all our social life. Sex is a fact—a great, beautiful, absorbing, interesting fact. In its transmutation, its sublimation, it is the spring of many of our highest aspirations and the motive power of much of our most valuable creative activity. Sex is not sinful. It is the ignorant, timorous mind of man which has made it appear so. Sex is a thing of power and beauty whose natural, God-ordained fruits are the due of every man and woman. These fruits can never be garnered in hypocrisy or in shame. They can be reaped in that clean, clear, reverent attitude of mind which sees God's world, whose crown is man, as good, and all His works His glory.

THE PUBLIC AND SOCIAL HYGIENE

CONFESSIONS OF A TYPICAL LAY BYSTANDER

VICTOR S. YARROS

Chicago, Illinois

What is the most formidable obstacle in the path of the social hygiene movement? Ignorance? Hardly. Fanatical and blind opposition? No. There is nothing in religion, morality, philosophy, science that is in the least repugnant to the common-sense principles and injunctions of social hygiene. Who does not favor, in the abstract, "a sound mind in a sound body"? Who can rejoice in the appalling prevalence of venereal diseases? Who can object to sober, honest, scientific discussion of those forms of corruption and pollution and of the methods of preventing and curing them? And who can object to sane, healthy, rational treatment of elementary sex questions?

And yet there is a great obstacle in the way of social hygiene. It is found in indifference, not to say a vague dislike of the whole subject, a sense of fear and shame. The matters dealt with by the literature of the movement are felt to be disagreeable, "nasty," revolting. Many enlightened and emancipated men and women have a constitutional aversion to them.

A progressive and noted woman physician who occasionally takes part in social hygiene conferences admitted to the writer that she always had to undergo an inward struggle before consenting to touch the question of venereal diseases, or prostitution, or sex maladjustments.

Reason may dictate a certain attitude or course of action, but tradition and habit—second nature, as we say—will have no difficulty in relegating reason to a back seat. Man is governed by passion, not by reason, as even Hume recognized.

Some years ago—to give another example—a veteran professor of psychology and philosophy, who is also an advanced Liberal in politics and economics, said to the writer of these lines in accents of despair that he had found it impossible to discuss sex questions scientifically and coldly with his adolescent son, though he had felt the urgent need of such discussion as the only means of effectively warning the temperamental boy against unclean and dangerous sex contacts and sex experiences. “I can only *hope* the boy will shrink from filth and degradation,” observed the professor, but he was far from sure.

Now, it is this stubborn fact, the extreme reluctance to treat all sex questions objectively and rationally, that should challenge the attention of the social hygiene writers and lecturers.

The question is exceedingly complex. It has theological and philosophical aspects. Certain religious schools have been held responsible for the dread and shame of sex—for the vicious and paradoxical division of normal human needs, passions, and emotions into pure and impure, clean and unclean, noble and ignoble. Yet, it would be superficial and unfair to say that this or that religion is to blame for the notion that it is obscene, vulgar, coarse to talk frankly about sex relations—the perpetuation of life, the process of reproduction, the basis, significance, and effects of the attraction we call love. In the first place, as Father Cooper has shown in an admirable and illuminating article in this Journal, Christian writers have always disagreed concerning the relation of the flesh, so called, to the spirit. In the second place, the teaching of abhorrence and dislike of the flesh, of “animal” instincts and impulses in men, would have fallen on deaf ears and totally unresponsive minds were not millions of human beings ready to welcome such teaching as explicit expressions of their own vague but deep-seated feelings and reactions.

Whence these feelings and reactions? We glorify motherhood, grow lyrical over tender childhood, exalt the home and the family, recognize that we owe much of the beauty of art

and literature, and even of physical nature, to the sex instinct and the thrills it yields, and yet we literally shudder when sex is too bluntly hinted at in conversation.

We are ashamed of our bodies, of our reproductive organs, of perfectly natural and essential processes. Was self-consciousness developed in man for any such preposterous purpose? I have often thought that this shame and dread of sex commerce and the organs of such commerce is a terrible indictment of so-called civilized humanity.

It is impossible, or at least difficult, to discuss sex morals without discussing honestly and candidly the biological, physiological, and psychological aspects of sex. Mr. Wells assured us in one of his books that God did not concern himself with so trivial a matter as sex relations and sex morals. But to human beings and organized human societies sex relations are far from being a trivial matter. And we cannot safely or wisely legislate or lay down social rules and conventions in respect of sex relations if we do not know all that can be known about sex.

Thus—to take one example—the social hygienists have rightly stressed the fact that sexual continence is not injurious to physical health. The warfare against prostitution and its degrading and damaging effects, the venereal diseases, must have been greatly aided by that proclaimed truth. But what of the psychological and social effects of excessive continence? It is futile to ask men and women to renounce indefinitely the satisfactions of sex commerce without answering that question. They have a right to know the answer. And any defense of chastity, celibacy, self-control, which is not based on a scientific and reassuring answer, is bound to fall on deaf ears in modern times. There is little disposition to curb passions and impulses because of reverence for sacred cows. The individual must be convinced that his happiness and complete development will be promoted by the course of conduct which society and law prescribe for him. We may appeal to his reason and to his better self, and prove to him that certain

sacrifices and postponements, disagreeable or even painful at one time, will yield him or her deeper and richer satisfaction at a later time. If we can honestly make this sort of argument, our sex code of morals is secure. If we cannot, the code will go overboard and the free individual will follow his own judgment, or rather yield to his own passions.

Social hygiene, therefore, should cultivate the psychology and philosophy of sex and study rigorously the effects of continence and chastity, or even of faithful adherence to the monogamic ideal. There are thinkers and artists who hold that the future belongs to a moderate, gentle, refined promiscuity. There are radical schools who advocate "variety" in sex relations, albeit with proper protection of offspring and fair contracts and adjustments between men and women. George Meredith's open espousal of "trial marriage" was, of course, a tacit acceptance of moderate promiscuity. Is such promiscuity, good or bad, better than the pseudo monogamy we know which is tempered by adultery, illicit relations, and prostitution, or is it not so favorable to health, vigor, and abundant life?

Some time ago, at a liberal-radical dinner in New York the subject of monogamy was discussed and the consensus of opinion expressed was that, if the state removed itself entirely from the realm of sex relations, the institution of monogamy would be vastly strengthened. The idea was that compulsion killed the joy of companionship and converted marriage into a prison. There is something in that notion, but exactly how much? Would not free and easy divorce, divorce at the instance of either party, also lead to much experimentation and many short-lived marriages, especially among the young and the light-hearted?

Miss Rebecca West, in a recent magazine article, deplored the tendency of excellent fathers and mothers to take advantage of liberal divorce laws, and advised married persons who happen to fall in love with unmarried persons to enter upon illicit relations, thus avoiding suffering and unrest, and at the

same time to continue to maintain the regular home for the sake of children, incidentally performing marital duties. *Liaisons*, in other words, according to Miss West, would make marriage and family life tolerable, where to-day they are intolerable, and divorces would be unnecessary in the case of intelligent, self-respecting, cultured people.

Miss West's proposal raises more questions than it solves, but it is symptomatic of the age and challenges attention. She has clearly joined the school which contemplates or favors moderate promiscuity, though she would keep the home and the formal marital tie intact for the sake of offspring.

All these complex and delicate questions, I submit, are within the province of social hygiene broadly conceived. So are the questions of family limitation, of compensation for the work of housewives, of economic independence for women, of part-time jobs for both men and women, of reconciling the demands of educated persons for opportunity and further intellectual growth with the conditions of marriage and parenthood. The social hygiene movement cannot arbitrarily limit its jurisdiction and activities. It must evolve, march, and accept new responsibilities—as, indeed, it has been doing cautiously—under the pressure of new occasions and currents.

HAPPINESS IN RELATION TO AGE AT MARRIAGE

HORNELL HART AND WILMER SHIELDS

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That the ideal age for marriage is about 29 for the groom and 24 for the bride; that deviations of four years on either side of the ideal age for the groom, or of two years on either side of the ideal age of the bride, make no appreciable difference; that marriages in which the bride is under 21 years of age, or the groom under 24 become rapidly more dangerous as younger ages are considered; that marriages in which either party is 19 or younger are from 10 to 100 times as risky as are marriages at the ideal age; and that marriages of persons over 38 years of age are from two to five times as likely to result in domestic difficulties as are marriages at the ideal age: such are outstanding conclusions with regard to Philadelphia marriages as indicated by age data collected from the Domestic Relations Court and the Marriage License Bureau of that city.

The results have been reduced to graphic form in the accompanying chart. The authors recognize that further researches may require minor changes in the conclusions for Philadelphia, and that studies in other cities may indicate considerable deviations. The conclusions summarized above are, however, based upon 1000 impartially selected cases, and the laws of probability indicate that the basic conclusions are established too firmly to be explained as being due to chance. The results may be summarized in another way as follows: At the age combinations covered by the white area on the chart, designated as having "normal risk" of domestic difficulties, 19 per cent of the marriage licenses were issued; such age combinations applied, however, to only 5 per cent of the Domestic Relations Court cases. At the age combinations

covered by the black area on the chart, only 14 per cent of the marriage licenses were issued, while 41 per cent of the Domestic Relations Court cases were at those ages.

The present study was suggested by the results of an analysis of 100 divorce cases in Cincinnati made some years ago.¹ That study indicated that women who before the age

Percentage distribution according to age at marriage of 500 cases of husband-wife conflict from the Philadelphia Court for Domestic Relations, compared with 500 comparable Philadelphia marriage licenses

Ages of brides	Ages of grooms														
	-21			22-24			25-34			35-			All ages		
	L	Ct	R	L	Ct	R	L	Ct	R	L	Ct	R	L	Ct	R
-21	7.9	29.6	3.7	15.1	15.8	1.0	9.2	13.4	1.5	.7	1.8		32.9	60.6	1.9
22-29	2.7	3.4	1.3	12.2	7.8	.6	31.0	11.2	.4	5.4	4.0	.7	51.3	26.4	.5
30-	.0	.4		.7	1.2		5.1	4.0	.8	10.0	7.4	.7	15.8	13.0	.8
All ages	10.6	33.4	3.1	28.0	24.8	.9	45.3	28.6	.6	16.1	13.2	.8	100.0	100.0	1.0

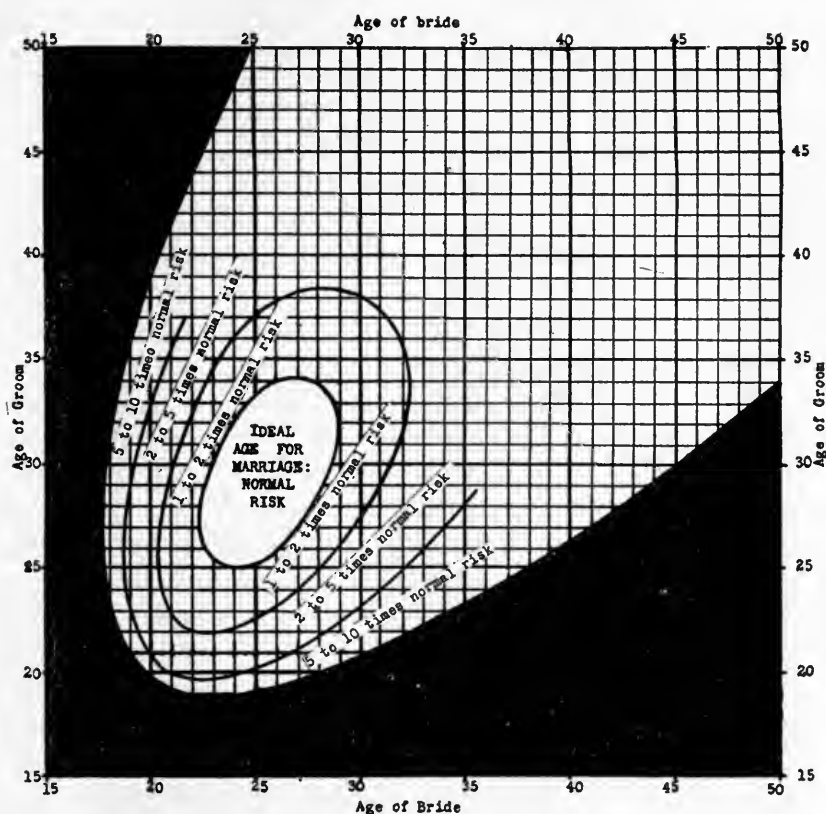
In the column headings, L indicates marriage licenses, Ct indicates Domestic Relations cases, and Ratio (or R) means the latter divided by the former. This ratio indicates roughly the number of times more dangerous marriage at the given age is than the average marriage. When both bride and groom are 21 or under the risk is about 3.7 times the average; when the groom is 25-34 and the bride 22-29 the risk is about .4 of the average. In this table *average* risk is taken as 1.0; in the chart *minimum* risk (from the standpoint of ages) is taken as 1.0.

of 20 married men five or more years their seniors, were several times as prone to make subsequent application for divorce as were women 20 years of age or older marrying men more nearly their own age. This hypothesis seemed worth testing further. For this purpose data were tabulated from 500 cases in the Philadelphia Domestic Relations Court and 500 marriage license applications in Philadelphia.

The court in question handles only cases of domestic difficulty not involving an application for divorce. The cases tabulated were selected at random from those which came to the court for the first time in May and June, 1924. Cases of

¹See *Sex-Antagonism in Divorce*, by Hornell Hart, Proceedings of the National Probation Association, 1922, pp. 135-141.

the following types were excluded from the study: those in which the age of either the man or woman was lacking; those in which the cause of complaint was abandonment of a parent



THE RISK OF DOMESTIC DIFFICULTIES

According to the ages of the bride and groom at marriage as indicated by Philadelphia marriage license and Domestic Relations Court records.

and not trouble between husband and wife; cases in which the object of action related to custody of a child one or both of whose parents were dead; cases in which either the husband or wife was not interviewed; and cases in use at the court at the time of the study. The marriage license applications were selected at random within the following years: 1922, 100

couples; 1921, 75; 1920, 75; 1915, 100; 1910, 100; 1905, 50. This method was used so as to scatter the couples over a period comparable to the one over which the marriages of the Domestic Relations Court were probably scattered, and so as to avoid abnormalities due to the war.

One disturbing factor in the data is the fact that couples too young to marry without parental consent in Pennsylvania often take the short trip to Elkton, Maryland, where the law is more slack. In 1922 there were 17,721 marriages in Philadelphia. During the same year 1581 couples in which the groom gave his residence as Philadelphia were married in Elkton. Of this number, 894, or 56.5 per cent, involved brides who were under 20 years of age. Of the marriages in Philadelphia only 12.4 per cent involved brides under 20. In calculating the age distributions of the license couples in the accompanying table, the percentages are based on the licenses in Philadelphia, combined with the licenses issued in Elkton to men giving Philadelphia as their residence.

The interpretation of the data may be somewhat diverse. Pains were taken to determine whether the results were due to a differentiation between colored and white couples, or grew out of spurious association due to a supposed tendency of men and women under 21 to overstate their ages in applying for licenses. Neither of these suppositions explains the findings. Two hypotheses seem most plausible, either of which is consistent with the statistics: First, it may be supposed that premature or delayed marriage is a symptom of permanent character traits which are unfavorable to success in family life. If this is the true explanation, the postponement of marriage until the ideal age would presumably have no important effect on happiness in marriage. The second hypothesis is that the boy or girl under 21 years of age has not had a sufficiently broad experience or has not reached sufficient maturity to select a mate with whom a successful home can be established. If this is the correct interpretation the postponement of marriage until the woman is 22 and the man

24 years of age would be an extremely important preventive measure looking toward elimination of domestic disaster.

The authors hope that this study may stimulate similar inquiries in other localities. It is believed that a *prima facie* case has been established for the significance of age at marriage in relation to happiness. Further statistical studies, however, may be expected to refine the conclusions. Still more important is the need for detailed case studies of premature marriages with a view to determining the reasons for their lack of success. If such studies show that immaturity rather than permanent instability is the cause, some such steps as the following are in order:

1. The facts should be given publicity in high schools and in general among young people in their early teens.

2. Pastors, physicians, parents, teachers, and others who are in a position to advise young people, should be informed as to the risks of too early marriage, so that they may use their influence to discourage it.

3. Churches, settlements, clubs, educational institutions, and other agencies dealing with young people in their early twenties should study earnestly the problem of how to promote the wholesome contact of unmarried young women 21 to 27 years of age with unmarried young men 24 to 33 years of age.

4. The psychological and social conditions most favorable to mating at these ages should be studied by research agencies and the results applied by community organization workers.

FREDERICK H. WHITIN

ALAN JOHNSTONE, JR.

Director, The Community Fund of Baltimore, Maryland

Plutarch observed that the government of cities and states was the chief excellence of mankind. This observation was made in the days when men lived in the country and cities were so small that one might see the whole extent of any one of them in an hour's walk. They were days, too, when public opinion operated with powerful force on the life of each man, who, if he were not a king, must conform. The chief problems were those of defense against a known enemy. If Plutarch lived to-day he might still make the same remark, but he would undoubtedly find fewer men to praise in this particular than he discovered in his *Lives*. Twenty-five years ago American municipal government had broken down more hopelessly at no place than in its combat, or the lack of it, with commercialized prostitution. When Lord Bryce voiced his famous strictures against the inefficiency and corruption of city government in America, it may have been after he had looked on the vice district of Washington; for he could see its ugly face from the steps of the Capitol as it sought to screen its hideous body behind the trees of the Botanical Gardens.

It is not too much to say of Frederick H. Whitin, whose untimely death in July came as a shock to his friends, that he literally brought the greatest city of the world to terms in facing this problem. A less courageous and a less persistent man would not have undertaken the task or would have surrendered in the face of seemingly overwhelming odds.

Think of it, you who have had experience in such affairs and you who have been indifferent! A city of teeming millions; all the nations of the world represented in such blocks of population that in many instances they outnumber their

nationals in the principal city of their birth; bringing with them along with their desire to be fed their habits of sexual license born when mankind was a savage and nurtured through all the generations of culture; the native stock, if more wholesome in its inherited sex attitude, attempting to justify its apathy by a toleration which, while never legally frank, was actually prevalent.

To the problem of exposing the false and ruinous conception of the toleration of vice, Whitin set himself. His opponents were powerful, his friends few. The whole force of the political organization of the city defied him. His resources were slight. Money earned from the literal sale of human flesh was arrayed against him. It was fortified by the complacency of the best elements of the community and the well-nigh militant defense of mistaken zealots. He had no money. Nothing fortified him but his courage. It was a canny courage. He did not make a frontal attack. He must have realized early that the lean body of his forces could last longer in an endurance contest than the fat bulk of his enemy. He entrenched while his foes boldly walked the plain and he sniped at them. He picked them off one by one in the eighteen years of his fight. He did not arouse the strength of his opponent but sapped it. He smiled as he worked and of late years he fairly bubbled with good humor.

He was a social worker, but an uncommon one. Most of his fellows were engaged in alleviating the distress and suffering caused by this blatant perversion of the racial instinct. Some because that was their natural bent, others because any other method was hopeless. He, too, was aware of the suffering. It was one of his principal resources. He was interested in relief, but more in prevention.

He was not a lawyer in the sense that he was a Clippurse, but he knew the law of his subject perhaps better than any member of the Bar of New York. He was welcome at the Bar Association.

He was not skilled in all the complicated illogical formulae

which the underworld has engrafted on to our criminal procedure. But he knew the legal ways of panderers, pimps, and their little brothers of the law, and he took away their legal advantages bit by bit till he had written that part of the New York Code that concerned them. He learned years ago that a statute was a lifeless thing unless it was enforced. He fraternized with police and judges, governors and legislators, and they liked his quiet, thoughtful way. They did his bidding, and he made them think they did their own.

Finally, he ruled the city of New York in its thinking and acting in this problem with a quiet but powerful sway. He established his dominion in the minds and hearts of men. He died. His enemies know that he still lives for they dare not show their faces. His friends know that he lives for they still feel the strength of his quiet courage and are warmed by the constant glow of his true gentility.

Who is there to say that man is not immortal?

EDITORIALS

CHARLES WILLIAM ELIOT

“Who is now America’s first citizen?” asked one of our leading metropolitan dailies shortly after the announcement of Dr. Charles W. Eliot’s death, and perhaps this interrogative tribute aptly summarizes the unspoken thought of many. In fact, not only America but the entire world pays homage to the memory of this outstanding thinker and doer.

Reform, in the finest meaning of that good old word, owes a heavy debt of gratitude to the man who studied and developed so much of new and improved procedure in many fields—education, public health, community betterment, and social hygiene being among the more prominent. In the last mentioned movement, to which this publication is dedicated, Dr. Eliot both outlined its Magna Charta in the United States and then, as first president of the American Social Hygiene Association, labored with might and main to achieve those objectives which scientists, educators, and religious leaders united in acclaiming worthy. Thus first as active president and in later years as honorary president the great leader gave willingly and of his best to social hygiene until his final day on earth.

Printed eulogies are wholly inadequate to express the full measure of value which such a life means to humanity, but the Editorial Board has planned to make the November issue of this Journal a memorial one in an attempt to outline some of the numerous contributions made by Dr. Eliot to the advancement of social hygiene.

THE SOCIAL HYGIENE CONFERENCE OF 1926

Atlanta, Georgia, has the name of being one of the best convention cities in the United States and many Southern members and friends of social hygiene have long urged the

value of "coming South" for an annual conference. This year, therefore, we shall meet in Atlanta from November 18th to 20th, and it is hoped that many from the north and west will plan to attend.

Doctors and public health workers in general will find this year's choice of particular interest inasmuch as the Southern Medical Association will hold its annual meeting in Atlanta from November 15th to 18th. Though the programs of the two organizations are wholly autonomous, each will add to the value of the other. The Southern Medical Association has extended a cordial invitation to social hygienists to attend its various sessions and, similarly, the Regional Social Hygiene Conference will assure a hearty welcome to that large and influential body of physicians who make up the membership of this great regional association.

The Social Hygiene Conference will open with a general meeting on the evening of November 18th, and the program is being developed to provide practical aid on problems which confront educators, religious leaders, physicians, nurses, parent-teacher groups, and all other persons dealing with home and community social hygiene problems.

Information regarding transportation, hotel accommodations, and tentative program will soon be mailed to all members of the Association. In case questions arise prior to the receipt of these announcements the Association will be glad to answer any communication regarding the Conference.

The Time—November 18th-20th.

The Place—Atlanta, Georgia.

The Occasion—Regional Social Hygiene Conference of 1926.

SOCIAL HYGIENE BULLETIN

*Continuing the SOCIAL HYGIENE BULLETIN which was published
as a separate monthly periodical from 1914 to
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Uniform Marriage and Divorce Law.—The making of a national uniform marriage and divorce law in the United States, instead of the present 49 marriage laws—no two alike—and as many different divorce laws, has been agitated for years. Thirty years ago the Congress of Mothers endorsed a Federal uniform marriage and divorce law. Sociologists protested that marriage should be stabilized so that the health of future generations should be protected. The American Bar Association attempted to unify the various states' marriage and divorce laws. With the enfranchisement of women the subject was given a new impetus and in June, 1922, the General Federation of Women's Clubs, at the suggestion of the *Pictorial Review*, passed a resolution endorsing a national uniform marriage and divorce law. The *Pictorial Review* then started a vigorous campaign publishing articles to prove and to emphasize that such laws are needed. A proposed law was drafted by Mrs. Edward Franklin White, legislative chairman of the General Federation of Women's Clubs. The bill was introduced into Congress in January, 1923, by Senator Arthur Capper of Kansas and the Hon. L. W. Fairfield of Indiana in the House of Representatives. The chief provisions of the bill are:

MARRIAGE PROVISIONS.—Forbid marriage ceremony without a license, for which application must be made, by either party, two weeks before its final issuance. Both parties must be present when it is issued. Application to be posted in County Clerk's office and published in newspaper.

Marriageable age, with consent of parents, 16 for girls and 18 for boys. Legal age, without consent of parents, 18 for girls and 21 for boys.

Forbid the marriage of imbeciles, the insane, feeble-minded, epileptic, paupers,

of those afflicted with tuberculosis or venereal diseases, or of those related within and including the degree of first cousins.

Two witnesses besides the officiating clergyman or official must be present at the marriage.

Penalties shall be imposed on those who issue licenses or perform marriage ceremonies contrary to these provisions.

A marriage which is legal in the state where contracted shall be legal in all states.

DIVORCE PROVISIONS.—Grounds upon which divorce may be granted, interpretations to be alike for men and women, are as follows: Adultery, cruel or inhuman treatment, abandonment or failure to provide for a period of a year, incurable insanity, and the commission by either party of an infamous crime. Divorce shall not be granted upon the ground of adultery where there is evidence of collusion, or where both parties have been guilty of the offense.

Defendant in divorce suit must appear in court. If he fails to do so the Prosecuting Attorney shall appoint some one to appear for him.

If defendant is resident of state in which suit is brought, he or she must be served with a personal summons; if not a resident of said state, summons must be published for three weeks in certain newspapers as directed, marked copies of which must be mailed to defendant's last known address.

Alimony shall be paid according to the defendant's ability and circumstances of the individual case, and shall be left to the discretion of the Judge.

The custody, support, and education of the children shall be a matter of equal justice, with the children always the first consideration. All things being equal, the mother's claims shall be favored, unless it is proved that she is mentally and morally incompetent to care properly for her children. Which ever parent is deprived of the guardianship and care shall be allowed to visit the children and have them visit him or her.

Upon the granting of a divorce an interlocutory decree shall be entered, but such decree shall not become final until the end of a year, during which interval neither party can contract a second marriage within the law.

A divorce which is granted in one state shall be recognized in all states.

Thus far six of the largest and most influential women's organizations have endorsed the principle of this movement. A discussion of the bill is expected in the Judiciary Committees of both Houses in the next session of Congress, and it is hoped that the bill will be brought out of committee before the end of the session. Proponents of this bill are urged to inform their Congressmen and Senators that they are in favor of it and by circulating facts and statistics among their friends to get them to do likewise.

That certain points in the bill are at least controversial is indicated by the opinions of some thoughtful students of the subject. The danger is said to be that the uniform law is likely to be below the standard of such laws in the most enlightened states, and that a

uniform law once adopted will also check progress beyond its standards by individual states. The following are some of the comments on the bill and proposals for amendments:

Founded upon one of the fundamental natural instincts, marriage may be regarded as a natural right. The Government may regulate but not deny it. Section 2 of the bill would make *invalid* any marriage without a license. This is a legal denial of the fact. Children come. Property rights attach. Social conventions come into play. No law which says that children are illegitimate ought to be sanctioned. The same purpose may be accomplished by recognizing the marriage but penalizing the parties, the officer who performs the marriage and others who are guilty of failing to comply with the license provisions, etc. The purpose is to prevent unlicensed marriages. The fear of having illegitimate children may add to the deterrent effect of a penal sentence, but it is a fearful penalty on the children. This view would necessitate a rewriting of the whole bill.

While Section 4 forbids the marriage of the sick and unfit, no provision is made for a medical certificate. Disease and defect are often not apparent to the observer or sensible to the subject. A formal oath as to them according to the provisions of Section 6 has no effect on germs or mental derangement.

Eighteen for boys and sixteen for girls are the prescribed limits for licentiates in the bill. The difference between the sexes is based upon a supposed earlier maturity of girls and the duty of support by the boys. It is doubtful if the basis for the difference is sound in either case. The maturity theory as to girls is based largely upon the physical ability to bear children, not upon their judgment in caring for them. An increasing number of mothers have to earn money to help support their children. It is a mistake to assume that mothers have nothing to do with the support of the family when they do not work. Eighteen is a good minimum age for both with provision for earlier marriage for the exceptional and foolish ones as arranged for in the proviso of Section 7.

Section 8 would require the objector to a license to bring a suit to prevent a marriage. This would rarely be done nor would the objection often be voiced if the person making it would be subject to the burden and penalty provided. It would seem that the same purpose would be accomplished if it were made the duty of the license clerk to investigate the objection and submit his report to a Court before approving the license.

Some of the forms outlined in the bill are so complicated that one would almost have to employ a lawyer to get married. They should be reduced to one and that a simple one.

To the five grounds for divorce mentioned ought to be added a sixth, namely, "Fraud at the time of marriage." Provision should be also made that "there shall be no annulment of marriages." To annul a marriage (the usual procedure in case of fraud) is to say that the marriage never existed. This is another legal denial of a fact which is bound to make trouble.

While a provision for service of the summons on an absent party in divorce cases by publication is necessary it is the cause of most of the trouble in such cases. This is safeguarded to some extent, but an additional safeguard may be

provided by enacting that a court may set aside a divorce decree at any time for cause when the service of the summons has been by publication, provided that children born or property rights accruing to either party in the meantime shall be regarded as though the divorce had not been set aside.

International Meeting in Berlin, Germany.—October 11-15, 1926, has been selected for the dates of a first International Congress for the Investigation of Sexual Questions which will be held in Berlin, Germany, by the International Association for Sex Research (*Internationale Gesellschaft für Sexualforschung*). Established in 1913, the Association made plans for an International Congress to be held in the year 1914. Then the war intervened, and the Congress was postponed. Since that time the Association has been inactive but it is now planning to resume activity on a wide and international scale. The topics for discussion at the International Congress for the Investigation of Sexual Questions will include biology, psychology, social hygiene and eugenics, sociology and civilization, criminology and family right, and population and demography. Representatives from England, Scotland, Continental countries, and the United States are expecting to attend the Conference.

Marriage Course at the University of North Carolina.—At the request of a group of seniors at the University of North Carolina the faculty arranged for a series of lectures on the social, economic, medical, and psychological aspects of marriage. The lectures were offered two evenings a week without credit to seniors and graduate students. More than 100 students enrolled for the course. An article in the *New Student*, May 10, 1926, says that, planned as an experiment, it is likely that the course may become a permanent addition to the curriculum.

Preventable Blindness.—Since the passage of the Missouri Constitutional Amendment providing pensions for the deserving blind in that state, 5927 applications for relief have been submitted. In reviewing causes of blindness of the applicants the recurrence of the venereal diseases, gonorrhea and syphilis, reveals a startling significance. For instance, Dr. H. M. Lamb, who prepared a report of the law, estimates that of the large number of cases classified under optic atrophy alone, 75 per cent or 578 of such cases were due to syphilis. It is a conservative estimate that of the 5927 cases considered, 25 per cent or

approximately 1500 cases are due to syphilis and gonorrhea. Under the terms of the statute for pensions for blind in Missouri \$25 a month is granted to applicants over 21 years of age who have been residents of Missouri for at least 10 years or have lost their sight while a *bona fide* resident of that state and who do not have incomes from all sources amounting to \$780 per annum. Viewed strictly from the standpoint of economy, the conditions as found in Missouri emphasize the need for extension of the present program for venereal disease control which is carried on by the United States Public Health Service, the state and city boards of health, and the American Social Hygiene Association. One of the most important features of this program is a campaign of public education and publicity seeking to emphasize the importance of prompt diagnosis and early treatment for those venereally infected. The importance of medical examination where any affliction of eye is noted or vision becomes faulty is stressed, and it is believed that in this way many persons venereally infected, who later might suffer the loss of vision, may be placed under treatment in sufficient time to prevent permanent disability.

Women Support Abolitionist Principles.—There were 396 delegates, representing 36 countries, present at the Tenth Congress of the International Woman Suffrage Alliance, at Paris, France, June 1926. The following resolutions drafted by the International Committee For an Equal Moral Standard and Against the Traffic in Women, were accepted by the open Commission, and adopted by the Congress:

EQUAL LAWS.—(1) That all laws, by-laws, or regulations dealing with public morals shall be so framed as not to differentiate between the sexes either in wording or in enforcement. (2) That public health measures for combating venereal disease shall be the same for men and women, in wording and in enforcement. (3) That there shall be no special laws or regulations against prostitutes as such.

STATE REGULATION OF VICE.—(4) That the International Suffrage Alliance condemns all systems of State regulation of prostitution under which prostitutes are licensed or registered and subjected to periodic compulsory medical examination. It further condemns the system of *maisons tolérées* and declares all these measures to be morally indefensible, medically useless, and socially pernicious, leading to the corruption of youth and the traffic in women.

“POLICE DES MOEURS.”—(5) That the *police des moeurs* shall be abolished. (6) That the functions of the police and the functions of the health authorities shall be absolutely separate.

LEGISLATIVE MEASURES.—(7) That stricter measures, national and international, for the repression of procuring, including measures against brothelkeepers and

souteneurs, shall be taken by every country. (8) That the age of consent shall be eighteen years inclusive.

VOLUNTARY TREATMENT OF VENEREAL DISEASE.—(9) That the International Woman Suffrage Alliance, being deeply concerned with the health and welfare of the race, urges all the national Governments to promote and give financial support to such vigorous medical, social, and educative measures against venereal maladies as are compatible with freedom and equal justice. The I. W. S. A. is strongly of opinion that systems of compulsory notification, treatment, and detention of persons suffering from venereal maladies tend to deter infected persons from seeking medical treatment in the early and more curable stages of these maladies, and lead to partial and inequitable administration. Discrimination is often made between rich and poor, and men and women, to the disadvantage of women and the poor. The I. W. S. A. asks that the campaign against venereal maladies be dealt with by the diffusion of information and by the provision of ample facilities for free, confidential treatment in general hospitals and clinics, without any deterrent compulsory conditions being imposed on the patients. The International Woman Suffrage Alliance points to the excellent results achieved in Great Britain and Holland by voluntary methods, and urges the Governments to adopt them.

BIOLOGICAL TEACHING.—(10) That biological instruction based on knowledge of natural science, and on the principle of the moral and social responsibility of every individual of either sex, should be available in all systems of publication in every country.

Control of the Venereal Diseases in the Occupied German Area.—

In the *Military Surgeon* for April, 1926, Major M. A. Reasoner, Military Corps, United States Army, gives an account of the method for combating the venereal diseases adopted by the American forces in Germany. The arrival of the Americans in Germany was followed by an influx of prostitutes from all the surrounding countries, and the venereal diseases in the occupied area increased from 36.8 cases per 1000 in July, 1920, when the troops arrived from France, to 274.1 cases per 1000 in November, 1920. The usual methods of control were employed but it was soon apparent that more drastic measures would have to be used. The legal regulation of prostitution as carried out by the Germans under the Prussian law was faulty and the German police were handicapped when it came to interfering with the American soldier and his female companions. Infected soldiers were not permitted to enter the controlled area in which controlled prostitutes lived, but for practical purposes the clandestine prostitute was beyond reach. Consequently, a vagrancy court was established at Coblenz to deal with “(a) any person whose usual place of abode is outside of the zone of American Occupied Territory present therein without visible means of support, or (b) any woman

who solicits or has illicit sexual intercourse with any person serving the United States or any associated government." Vagrants were punished by imprisonment. In addition, the women were examined for venereal diseases and if infected they were sent to a hospital for treatment. Women convicted of prostitution and not found diseased were deported or confined, to be later deported if from outside the American area, or in other cases only confined for the term of the sentence. The Burgher Hospital soon proved too small and larger quarters with a capacity of 300 beds were secured. Infected soldiers were isolated at the Convalescent Hospital on Oberwerth Island where an attempt was made to improve their morale and general health, to return them to their organizations better trained soldiers than when they entered the hospital by giving instruction of a purely military nature, and to provide adequate segregation and control of them until beyond the danger of complication, until non-infectious, and, whenever possible, until entirely cured.

Are Heiress Marriages Issueless?—Sir Francis Galton, in his *Hereditary Genius*, points out that the prime cause of the extinction of noble families in England has been marriage with heiresses. Heiress as used in this study is any woman who is the sole issue of her parents. He lists 29 cases of heiress marriages. In 11 instances the marriage was without issue, in eight, only one child was born, and in no instance did the number of children exceed four. The per cent of sterile marriages was 37.9, and the per cent of marriages issueless or resulting in not more than one child was 65.5. Charles F. Stein, Jr., of Baltimore, Maryland, has been collecting data on this subject for several years and has published a preliminary article on *Comparative Fertility of the Only Child* in the May, 1926, issue of *The Journal of Heredity*. Mr. Stein believes that although the number of cases cited by Galton is perhaps too small to establish conclusion beyond a reasonable doubt, it is sufficient to indicate that a tendency of heiresses to be less prolific than the woman who has brothers and sisters really exists. Galton further states that of the wives of peers, 100 who were heiresses averaged four children, whereas 100 who were not heiresses averaged six children. Huhner estimates 10 per cent of the marriages in the present American population as issueless, and Popenoe and Johnson give a figure of 8 1/3 per cent. As the author has not yet acquired a sufficient number of cases for

his study and as many of the subjects have not yet passed the child-bearing period, his data are not considered in the present paper.

Summary of New York State's Activities in the Control of Syphilis and Gonorrhea.—From the years 1919 to 1925 New York State, exclusive of New York City, reported 73,491 cases of syphilis and 26,787 cases of gonorrhea. During the year 1925, there were 28,777 cases of syphilis. The clinics treated 32,000 persons, the majority of whom are now reported to be cured or rendered non-infectious and are not a menace to their families or to the public. Approved laboratory facilities to assist in the diagnosis of venereal diseases have been made available and physicians have sent more than one million specimens to them for examination. More than 3,000,000 pamphlets have been distributed by the State Department of Health to instruct the public concerning the control of the venereal diseases. Over 4000 lectures have been given with a total attendance of 509,869 persons. The public, the physicians, and the state are coöperating actively in an attempt to prevent and control the venereal diseases.

Life Insurance and Social Hygiene.—In an article on the subject of life insurance and social hygiene in the June, 1926, issue of *Health and Empire*, Dr. Lee K. Frankel, Second Vice-President of the Metropolitan Life Insurance Company, New York City, says that to date the venereal diseases have been touched only slightly in the health campaigns conducted by life insurance companies. Nevertheless, the companies are directly concerned with the problem, for it has been found that persons afflicted with venereal diseases, especially syphilis, have a higher mortality than the general population. The Medico-Actuarial Mortality Investigation, which covers the experience of the larger American life insurance companies for a number of years, shows that the ratio of actual to expected deaths of syphilitics thoroughly treated for two years, and who for one year were free from symptoms, was 188 per cent. Likewise, the Gotha Insurance Company of Germany in an investigation found a ratio of actual to expected mortality in excess of the table, 168 per cent, in a series of 1778 men who had been treated for syphilis and who were traced for a long period of years. Medical directors of insurance companies recognize this fact and they are cautious in accepting persons with a history of syphilis.

Dr. Frankel states that life insurance companies deplore the fact that morbidity reporting of venereal diseases in the general population is incomplete and mortality reporting unreliable. Although nearly all of the states require notification, since these diseases are communicable and a menace to public health, the administration of the laws and the efficacy of reporting vary greatly. As a result, the actual number of cases of venereal diseases in the United States is unknown. Although they are far from complete, the draft figures are still said to be the best indication on record of the prevalence of these diseases. The admission rates in the United States Army and Navy indicate that the venereal diseases are one of the chief sources of disability among the soldiers and sailors. Of all the cases of sickness occurring in the Army during 1924, gonorrhea was responsible for the greatest loss of time, 123,805 days, with syphilis third, 56,123 days. The admission rates for syphilis, gonorrhea, and chancroid were 13.73, 33.16, and 9.15 per 1000 men. The venereal diseases held a similar important position in the Navy with the exception that syphilis ranked second. The rate for syphilis was 19.7, for gonorrhea 84.9, and for chancroid 32.9 per 1000.

The mortality records, according to this article, contribute rather more satisfactory information as to the extent of the venereal diseases, especially syphilis. Regarding the research of the Metropolitan Life Insurance Company on the subject Dr. Frankel writes:

The experience of the Metropolitan Life Insurance Company offers valuable information on mortality for a large portion of the population. Its 17 million industrial policy holders in the United States and Canada, which constitutes approximately one-seventh of the total and over one-quarter of the urban population of the two countries, is a fairly accurate index of what is happening in the population as a whole. A survey of death rates from syphilis, locomotor ataxia, and general paralysis of the insane among the policy holders since 1911 shows a steady increase from 11.0 per 100,000 in 1911 to 16.6 in 1917. The rise is believed to have been due not so much to increased prevalence, but to greater effort to have physicians report deaths from syphilis. In 1918 and 1919 a sharp reduction occurred, especially in the case of syphilis. The rate remained practically stationary for the next three years. In 1923 the rate rose and again fell in the following two years to 13.1 in 1925. It is significant that the behavior of the combined rate is influenced primarily by the syphilis rate rather than by the other two diseases, which are late manifestations of syphilitic infection. The exception appears to have been in 1925, when the rate for general paralysis of the insane was high, and exceeded only in 1913 and 1911. The syphilis rate was the lowest since 1913.

Since syphilis is the most important factor in the mortality from venereal

diseases it was analyzed by color and by age. It was found that the total rate reflected the situation among the insured white population. Among the white population the gains which resulted from war activities continued through 1922. Among the colored the gains during the war were followed by a rising death rate through 1924 with a drop in 1925. For some unknown reason, the white rates rose in 1923 and 1924. The 1925 white rate (3.6) was the lowest attained since 1911 (2.2), whereas the colored rate (26.1) was more than twice as high as in 1911 (11.5).

A comparison of death rates by age in 1917, 1920, and 1925 shows that the improvement in the total rates is chiefly to be accounted for by the lowering of rates in the ages between 25 and 26. The suggestion may be ventured that these declines in the earlier and middle years of life are the result of increasing effectiveness in the treatment of syphilis. Possibly, also, the declines may indicate that the number of serious infections contracted is being reduced. The rate for syphilis during the first year of life is higher than in any other age group. In 1925, this rate was 24.2 for white children and 161.8 for colored. The rate drops rapidly to its minimum in the period 5 to 15 years. This situation is to be expected in that syphilis in infancy is usually congenital, and to a large extent fatal. Beginning with the age group 15 to 19 and thereafter, there is a continuous increase in the number of infections and deaths, clearly the result of acquired infections. Very high rates are registered in the ages beyond 45. Among the colored policy holders aged 65 to 74, the figure in 1925 was 48.6 and among the white 11.6.

Dr. Frankel believes that the life insurance companies may best aid in the prevention of the venereal diseases through careful analyses of their statistics and through the education of their policy holders. At present it is a question just how far the insurance company may intrude itself into the privacy of a policy holder's home to carry on a campaign in social hygiene. If, under the auspices of social hygiene associations, knowledge of the prevention and treatment of the venereal diseases becomes sufficiently popularized, it is thought that there will come the time when there will be no question of the feasibility and the desirability of life insurance companies undertaking comprehensive educational campaigns of this sort.

Course for Physicians in Public Health Speaking.—Twice a week from June 22d to July 23d Kansas City held a Public Health Institute for the purpose of developing good public speakers from the membership of the Jackson County Medical Society. Believing that a physician is the best agent to present facts upon public health to the public, the Publicity Committee of the Health Conservation Association assembled a faculty from members of the Jackson County Medical Society and other persons of long experience in their special fields

and in public speaking to develop a corps of capable speakers as the basis of a Speaker's Bureau. It has been estimated that there are more than 1500 group meetings in Kansas City which would welcome health talks. If all of these organized groups were covered but once a year, it would require 50 doctors, who would make 30 talks each year, or almost three a month. The physicians responded enthusiastically and over 50 of them applied for the course. It is felt that no layman is as well equipped to dispense health information as the physician with his first hand knowledge of personal hygiene and community health.

New Jersey has 28 Venereal Disease Clinics.—Cases of venereal disease reported to the New Jersey State Health Department for the year 1925 totalled 8855, 5898 being men and 2957 women. Of the cases reported under treatment during the year, 4254 were treated in the public clinics or by coöperating physicians who have agreed to care for public cases. The state now has 28 venereal disease clinics coöperating with the State Department of Health. In rural districts 53 physicians treat public cases referred by local or state health officials. Information in regard to the source of infection of 651 venereal cases showed 208 infections from clandestine prostitutes or others, 159 from husband or wife, 141 from professional prostitutes and brothels, 103 congenital (father or mother), and 40 miscellaneous. During the year 40 brothels were referred to county prosecutors, and 147 clandestine prostitutes were referred to local health boards.

Stella Boothe Vail, R.N.—The sudden death of Stella Boothe Vail, R.N., in Philadelphia on August 14, 1926, came as a great shock to her host of friends in the medical, social service, and nursing professions. Mrs. Vail was a graduate nurse and served in the United States Army Nursing Service during the war. She was perhaps best known for her delightful Mary Gay Suitcase Theaters, miniature theaters with characters, scenery, and playlets on health subjects, complete in a suitcase, which were used by women's clubs throughout the country. Author of the Mary Gay stories and of *Jimmy and the Junior Safety Council*, published since her death, Mrs. Vail was about to write more Mary Gay stories on social hygiene subjects for which she had requested coöperation of members of the American Social Hygiene Association's staff. She was an active worker in the health

museum of New York University and Bellevue Medical College, which is under the direction of Professor W. H. Park. The demonstration material collected for this museum will be used in the educational program of the Bellevue-Yorkville demonstration. Most of Mrs. Vail's time since 1920 was spent in the originating and designing of special exhibit material for health and welfare organizations, her latest work being the National Nursing Organization's exhibit at the Sesqui-centennial Exposition in Philadelphia, the creation and the setting up of which she personally planned and supervised. Mrs. Vail's attractive, forceful, enthusiastic personality made her an outstanding figure in her profession and the loss of her creative efforts will be keenly felt by her many friends and associates.

International Agreement.—In May, 1920, the matter of the necessity for an international agreement with regard to the treatment of seamen suffering from the venereal diseases was brought before the *Office International d'Hygiene Publique* in Paris by Sir George Buchanan of the British Ministry of Health. With the collaboration of the League of Nations Health Organization, a draft international agreement was prepared which was negotiated by the Belgian Government and signed at Brussels on December 1, 1924, on behalf of fifteen countries. Canada and New Zealand subsequently adhered to the agreement, and it has been ratified by Great Britain and Monaco. Certain legal difficulties have prevented the United States from adhering to the agreement, it is said, but the United States Public Health Service is not opposed to it in principle, and in practice arrangements are made in the United States to conform to the international scheme as closely as possible.

Decrease in Juvenile Delinquency Reported from England and Belgium.—Following close upon the Children's Bureau figures indicating that juvenile delinquency is decreasing in the United States, come reports from England and from Belgium showing a falling off in the number of juvenile offenders. According to the Commissioner of Police of London, the decrease has been continuous in recent years and is still going on. The number of persons dealt with in the juvenile courts of London for indictable offenses during 1925 was 1151 as against 1276 in 1924, and more than one-half of the cases were placed on probation. The director of the Child Welfare Bureau at Brussels reports that juvenile delinquency in Belgium has

decreased in the last 12 years. In 1913 the number of minors reported to the office of the public prosecutor was 17,177; in 1923 it was 13,523; and in 1924 it was 12,965. The decrease in the number of cases of vagabondage, habitual begging, stealing, and swindling was particularly noticeable. The report attributed this decrease to the higher wages and general improvement in economic conditions since 1913, and also to the laws providing for special court jurisdiction for minors, for probation, and for special educational measures for neglected, wayward, and delinquent children.

Woman's Division, Detroit Police Department, Aids Women and Girls.—During the year 1925 the Woman's Division of the Detroit Police Department made contact with 23,139 women and girls, 2445 more than in 1924. Complaints of 1753 girls under 17 years of age were investigated and suitable plans were made. Of 1411 women and girls reported missing, 95 per cent of the Detroit girls were located and 70 per cent of the out-of-town girls were located. The proportion of new offenders to total offenders was reduced to 23 per cent in 1925 from that of 27 per cent in 1924. Of the women admitted to the Woman's Detention Home, 3620 were not previously known to the police. Woman patrol officers brought in 1519 girls, and 807 cases representing store larcenies and the immorality offenses were taken into court.

Activities of the Committee of Fifteen of Chicago.—During the year 1925 the investigators for the Committee of Fifteen of Chicago made 8097 personal calls to places suspected of commercialized vice and secured evidence in 1067 cases. It is stated in the Committee's report for the year ended December 31, 1925, that under the Injunction and Abatement Law, 251 informal notices were sent and 106 formal notices were served owners of places where sufficient corroborative evidence of immorality was secured. In most cases the owners or agents took steps to evict the undesirable tenants. A total of 8325 cases of sex offenders were brought before the Morals Court during the year 1925. Of these, 43 per cent were discharged; 469 were placed on probation; 2494 or 50 per cent of those found guilty were fined; 628 were imprisoned; and 14 were held to the Criminal Court. Finding that certain places long considered "immune" could be closed under the Federal Injunction Law, the Committee of Fifteen has been

able to issue temporary injunctions wherever vice was found to be extant with liquor.

In response to a request for coöperation a number of taxicab companies have replied that they will discharge any driver on definite information that he has violated the law. This measure was aimed especially at the taxi houses for which the taxicab driver is the procurer. The cabaret situation which threatened to become alarming in Chicago was investigated with the result that evidence of immorality and sale of liquor was secured in 31 places. In every case temporary injunction was granted and at the time of the Committee's report 30 permanent decrees had been entered. In conclusion the report stated:

Comparison of the figures for the past twelve years reveals that the Committee has just closed one of its most successful years. It will be found through careful study of the situation that the methods used by the Committee and State's Attorney's office are most powerful factors in suppressing commercialized vice. Prostitution is no longer openly defiant as it was a few years ago. Out-of-town visitors, high school and college boys are not openly solicited and led into houses as they formerly were. The market for the white slaver and panderer is practically gone. Commercialized vice has been forced to operate clandestinely, but will become as open and notorious as before if the Committee of Fifteen does not continue to aid the public officials of city and county.

Hawaii Reports Progress in Venereal Disease Control.—In the annual report of the President of the Board of Health of the Territory of Hawaii for the fiscal year ending June 30, 1925, Dr. N. M. Benyas, director of the venereal clinic, summarized the work of this section of the public health program. During the year 148 cases of syphilis and 136 cases of gonorrhea were treated at the clinic. Of these, 75 cases of syphilis and 88 cases of gonorrhea were new admissions. Dr. Benyas found that 31 persons with positive Wassermann reactions and 43 with uncured gonorrhea failed to report for treatment in spite of energetic follow-up which kept many persons coming regularly to the clinic. It is thought that many of those who discontinued treatment may have left Honolulu but that some undoubtedly remain who are untreated.

Proposal for a Norwegian Immigration Law.—Dr. Jon Alfred Mjøen, Winderen Laboratorium, Oslo, has proposed a law which will exclude from the country persons suffering from venereal diseases, chronic alcoholism, and mental defects.

In the preamble Dr. Mjöen draws attention to the fact that during the last ten years one civilized state after another has begun to devote a constantly increasing interest to the question of the movements of the population. He states that in this matter the United States have taken the lead. Since about the year 1910 the United States have taken up the battle for a quantitative limitation and a qualitative control of the stream of immigration. In 1917 they succeeded in passing a law for the exclusion of immigrants of inferior quality. Since then, the immigration legislation has become steadily more strict.

In 1924 there was held in Rome a great Immigration and Emigration Congress, which was attended by representatives of 59 states, of the League of Nations, the International Institute of Agriculture, and the Labor Bureau in Geneva. During the proceeding of this congress, it was announced that legislative proposals in this field might be expected in the near future in a large number of states.

It might perhaps be argued that regulations of this kind were unnecessary for a land like Norway. The existing economic conditions do not seem calculated to tempt people to come to Norway to seek employment. The American immigration policy, however, has had the result that the masses of people, who formerly made their way across the ocean, are now seeking new outlets. This has already made itself felt in Norway. In the last few years there have come many immigrants from South and East Europe. The difficult economic conditions in this country seem to have no deterrent effect upon these immigrants coming from countries where the standard of living for the poorer classes is much lower than what has been attained in Norway. Numbers of these immigrants have already become a burden upon the authorities for relief of the poor.

Dr. Mjöen maintains that the Norwegians have exceptional reasons for adopting counter-measures against such immigration.

Norway is pronouncedly an emigration land. But after the adoption of the new immigration laws in America only a well-sorted selection of Norwegians are leaving for that country. All the more serious would it then be, if the places of those who have departed were to be taken up by inferior elements. Furthermore, statistics show that the decline of the birthrate will lead to the result that we reckon with a stationary population figure in Norway from 1940. It would therefore be all the more detrimental for Norway to give admission to a large number of immigrants of inferior culture, but with higher birthrate.

Such a development of the movements of population will be prevented by the new Act by means of the following paragraphs:

5. The surveillance as regards the residence of alien citizens in Norway is in the hands of a central authority, which bears the name "Aliens Office."

6. Concerns the notification of aliens to the police.

7. The police can grant to an alien citizen permission to reside in the district in which he is notified. The permit will be given for a definite period, but not for longer than one year. If the police official concerned is of opinion that the notified alien evidently belongs to one of the groups which under paragraph nine of this Act cannot be granted permission for a permanent residence in the kingdom, he shall refuse to grant the permit. If he is in doubt in the matter, he shall leave the decision to the Aliens Office.

If permission to reside is not granted, the alien in question shall be enjoined to leave the kingdom. If necessary he can be compelled to do so.

If the police authorities think that permission to reside in a certain district must be refused him, but that there exists no reason for enjoining upon him to leave the kingdom, he shall be ordered to leave that district and within a fixed period of time to report himself to the police in another district.

8. Aliens who desire to have their permit extended beyond the time for which it was granted by the police must, through the police in the district in which they reside, address an application to that effect to the Aliens Office. This application must be accompanied by such credentials as the Crown may prescribe.

The submission of such credentials shall also be demanded by the Aliens Office in those cases where the question of permission to reside has been left to its decision by the local police authorities, in accordance with paragraph seven of this Act.

9. The Aliens Office shall refuse permission for residence to any applicant who evidently belongs to one of the following seven groups:

(a) Mentally defective persons (idiots, imbeciles, etc.); (b) persons suffering from sexual diseases in the infectious stage; (c) persons suffering from chronic alcoholism; (d) persons who have undergone imprisonment abroad for at least six months. This, however, does not apply to political offenses; (e) lunatics and persons of inferior physical or psychic constitution; (f) persons who cannot prove that they have previously had a lawful or honest occupation; (g) persons who cannot refer to any definite home-country.

When the Aliens Office has refused permission for residence, it shall fix a definite period of time within which the alien concerned must have left the kingdom.

10. The Aliens Office can grant alien citizens permission to reside in the kingdom for an indefinite period. The Crown fixes every year a maximum for the number of such permissions that can be granted in the course of the year.

In fixing this maximum, regard will be had to the probable increase or decrease of the population in that year and to the social and economic conditions prevailing in the kingdom.

As soon as the maximum has been fixed, the Aliens Office shall calculate the special maximum for each individual nation, so that the relation between these

maximum figures shall correspond to the numbers of alien citizens of these nations who, according to the census of 1910, resided in the kingdom of Norway at that time.

When permission for continued residence in the kingdom is sought by an alien who, according to this quota regulation, is not entitled to receive a permit for a protracted stay, but whose request it is for special reasons desirable to comply with, permission may be granted for a certain time. This permit can be renewed.

Dr. Mjöen mentions as examples of foreigners who may obtain the benefit of this provision: invalids and convalescents who are visiting Norwegian health resorts and sanatoriums, expert advisers, students at the university, high schools, and technical schools, scientists coming for purposes of study. These groups are really at present very unfavorably situated, as the police authorities in the separate districts decide their applications for permit from a purely local point of view, often without sufficient understanding of national interests, which might render it desirable to comply with their request.

Through this regulation of the quota after the figures for 1910 the countries with preponderating Nordic population will be favored. The percentage for Scandinavia, the United States, Germany, and England together amounts to more than 90 per cent. The year 1910 has purposely been selected as basis for calculation of the quota. If the census of 1920 were chosen as the basis, the quota would be less favorable for nations of Nordic race, because in Norway of late years the contingent of immigrants of South and East European origin has increased at the expense of the Nordic race.

Commission Studies the Family.—The Commission on the Family in the Life of To-day of the National Board of the Young Women's Christian Association is attempting to discover what women and young women are thinking to-day on the vital and complex question of the family. Its first endeavor is to find out as far as possible what the members of the Y.W.C.A. are thinking, and in this connection an outline has been prepared for use by coöperating groups in local Associations. The Commission is dependent for any worth while results in this first step upon the close coöperation of the local Associations. It is expected that the data gathered by means of these outlines will be of value to any group interested in family questions. The outlines on the problem are devised to help insure that discussion will proceed from the basis of experience and factual information

rather than by an exchange of biased and unsound opinion. Great care and thought were expended in preparing the outlines so that even a leader inexperienced in discussion may be able to handle them successfully. These outlines were used with 500 individuals in summer conferences and in some 20 study clubs in various local Associations last year, and they were used again in conferences this summer. The Commission believes that in the 600,000 membership of the Y.W.C.A. there lies an abundant store of available human experience which will aid the Commission in its later steps in this present day vital problem of family life and its relationships.

International Association of Policewomen Elects Officers.—At its annual meeting in Cleveland, Ohio, in May, the International Association of Policewomen adopted an amendment to the constitution providing for the addition of two Vice-Presidents and a Board of Directors. Miss Eleanor Hutzel, Detroit, Michigan, was elected First Vice-President, and Miss Dorothy Doan Henry, Cleveland, Ohio, was elected Second Vice-President. The five Directors elected were: Miss Henrietta Additon, Philadelphia, Pennsylvania; Lieutenant John Brandenburger, St. Louis, Missouri; Miss Jessie Binford, Chicago, Illinois, Dr. Katharine Bement Davis, New York City, and Miss Mary Driscoll, Boston, Massachusetts. The Directors together with the Officers constitute the Executive Board.

Several regional Chairmen were selected, as follows: Miss Anna B. Mangan, Lynn, Massachusetts; Mrs. Mary Sullivan, New York City; Miss Annette Steele, Knoxville, Tennessee; Mrs. Mable Rockwell, Chicago, Illinois; Mrs. Beulah McNeil, Kenosha, Wisconsin; Miss Inah M. Peterson, Wichita, Kansas, and Miss Martha Randall, Portland, Oregon. Delegates from forty cities and twenty states made the annual meeting the largest ever held by the Association. In July the Association was incorporated under the laws of the District of Columbia.

Meeting of Association des Medecins de Langue Francaise de l'Amerique du Nord.—The ninth annual meeting of the *Association des Medecins de Langue Francaise de l'Amerique du Nord* which was held in Montreal, Canada, September 21 to 24, 1926, was attended by a large number of prominent physicians. Representatives were present from France, Belgium, Switzerland, the United States, England, and South America. A special session was devoted to syphilis

at which the speakers were Dr. Marcel Pinard of Paris, Drs. Gustave Archambault and Albéric Marin and Dr. Langevin of Montreal, and Dr. Walter M. Brunet of the American Social Hygiene Association. The medical profession of Canada is earnestly undertaking the task of reducing the damage done by the venereal diseases and with their coöperation the health departments hope to bring syphilis under control and reduce its prevalence.

Correspondence Course in Motherhood.—Announcement has been made that prospective mothers may enroll for a course of 15 lessons offered by the Massachusetts state departments of health and education through the state division of university extension, 217 State House, Boston, for a fee of \$4. The topics treated include prenatal care, practical preparations for confinement, care of the baby and of the nursing mother, the sick baby, and weaning. Papers written by the students will be corrected with necessary comments and suggestions by an experienced physician of the state public health service.

The League of Red Cross Societies.—The League has issued in pamphlet form a statement of its origin, activities, and purposes together with a comprehensive chart showing graphically its different divisions and their connection with each other and with the whole. The primary purpose of the national Red Cross Societies has been, until 1919, to care for the sick, wounded, and prisoners of armies and navies in times of war. In 1919, the League of Red Cross Societies was founded, which to-day comprises 54 national Red Cross Societies, to maintain in time of peace the enthusiasm and devotion displayed during the war by the national Red Cross Societies in the relief of human suffering, and to utilize this great force for the purposes stated as follows in Article 2 of the Articles of Association of the League:

“It shall: 1. Encourage and promote in every country the establishment and development of a duly authorized voluntary national Red Cross organization working in accord with the principles of the Geneva Convention.

2. Collaborate with these organizations in the improvement of health, the prevention of disease, and the mitigation of suffering.

3. Place within the reach of all peoples the benefits to be derived from present known facts and new contributions to science and medical knowledge and their application.

4. Furnish a medium for coöperating with national Red Cross Societies in promoting, stimulating, and coördinating relief work in case of national or international calamities.”

The control of the affairs of the League is vested in a General Assembly, a Board of Governors, and an Executive Committee. The Director General is the chief executive officer of the League, and is nominated by the Board of Governors, as are also the Secretary General and Treasurer General. The Secretariat, of which the Director General is the head, comprises a staff of about 85 persons of various nationalities. Besides the Central Secretariat, which handles questions of liaison, organization, publication, information, and correspondence, there are the Divisions of Health, Nursing, Junior Red Cross, Relief, and Emigration. In 1924 a Pan-American Bureau was added as part of the Secretariat. The Health Division is a study and information center on all questions of interest to Red Cross Societies and also an instrument of coördination. It pays special attention to propaganda work and to popular health instruction and collects data from all parts of the world on these questions. The League Secretariat organized in 1921 three conferences at which experts from Eastern, Western, and Northern European countries gathered to exchange views and formulate principles of antivenereal work. In 1923 the League was instrumental in securing the constitution of the *Union Internationale Contre le Péril Vénérien*.

Report on Infant Mortality.—The American Child Health Association has published a statistical report of infant mortality for 1925 in 697 cities of the United States. The infant mortality rate is considered one of the indices for guidance in public health work and the compilation of the statistics increases each year as the size of the registration area grows larger. The Birth Registration Area now includes 33 states and the District of Columbia which represents 75.9 per cent of the population of the country. The present report shows that the infant mortality rate for 1925 in 632 of the 641 cities in the Birth Registration Area is 72.6. In 1924 the rate was 72.2 for 629 cities.

In the Death Registration Area, exclusive of the Birth Registration Area, there are 75 cities with a 1920 population of 4,753,967. The rate for 65 of these cities, which represents 88.2 per cent of the population, is 92.2. The 1924 rate for 38 of these cities was 96.2. The lowest and highest rates of infant mortality in the various population groups in the Birth Registration Area are as follows: population between 10,000 and 25,000, Stonington, Connecticut, and Winona, Minnesota, each 32, and Martinsburg, West Virginia, 156; population

from 25,000 to 50,000, Oak Park, Illinois, 35, and Pensacola, Florida, 124; population from 50,000 to 100,000, Union City, New Jersey, 38, and Huntington, West Virginia, 110; population 100,000 to 250,000, Salt Lake City, Utah, 45, and Norfolk, Virginia, 97; population over 250,000, Seattle, Washington, 45, and Washington, D. C., 87.

Corresponding data in the Death Registration Area are kept distinct as the birth records of these states are not of sufficient accuracy to be accepted by the United States Census Bureau for inclusion in the Birth Registration Area. The lowest and highest rates in each population group beginning with the lowest are: Boise, Idaho, 57, and Jefferson City, Missouri, 133; Montgomery, Alabama, 58, and Columbus, Georgia, 118; Little Rock, Arkansas, 75, and Charleston, South Carolina, 143; Fort Worth, Texas, 76, and San Antonio, Texas, 125; St. Louis, Missouri, 67, and New Orleans, Louisiana, 98.

The rates for many southern cities are raised by the high infant mortality reported for the Negro population. Except for the special table on New Jersey, the rates in this report are known as "crude" rates. That is, they are based on the number of deaths under one year (exclusive of stillbirths) reported as occurring within the community. Both births and deaths may take place elsewhere than in the place of residence. However, these exchanges of births and deaths frequently are few in number and do not materially affect the rate. There are instances, though, particularly associated with the presence or absence of hospitals, where the rates corrected for non-resident population are materially altered. This is shown in the tables for New Jersey and is most striking in the case of Union City, which shows a crude rate of 38 and a corrected rate of 70.

Harmon Club a Successful Demonstration.—The Harmon Club in Minneapolis, operated by the Women's Welfare League in coöperation with the State Board of Control of the State of Minnesota, is a colony club for high grade feeble-minded girls, selected from the School for Feeble-minded, for demonstration purposes. The success of the club's activities is to be used in an attempt to secure legislative appropriations to establish homes of the same type throughout Minnesota. During the 14 months of its operation from November 1, 1925, to January 1, 1926, 31 girls were sent to the club, 20 of whom were finally selected, filling the club to its capacity. The chronological ages of the girls range from 20 to 30 years and the mental ages from 9 to 11.3, based on a 1921 test.

The girls are employed in laundries, florist shops, knitting mills, garment manufacturing, etc., and during the 14 months of the club's existence they earned \$11,574.89, saved \$2588.93, and paid for board \$5713.21. The experiment cost the State Board of Control \$1613.96 as against about \$5000.00 which it would have cost in the State School. Each girl pays \$28.00 per month for room and board, and if unable to pay the full amount, the State Board of Control supplements it up to \$20 per month per girl. When full-time employment can be obtained for each girl, it will be unnecessary to use any state funds for this club. The girls, in addition to paying their board, buy their clothing, help their families, pay for their amusements, and some even start savings accounts and take music lessons. During the entire period only two girls were returned to the State School for disobeying the rules.

New York State Conference of Charities and Corrections.—The preliminary program has been issued for the twenty-seventh annual meeting of the New York State Conference of Charities and Corrections which will be held in Buffalo, New York, November 16–19, 1926, at the Hotel Statler. The objects of the conference are “to afford an opportunity for those engaged in social work to confer respecting methods, principles of administration, and results accomplished, and to disseminate reliable information respecting charitable and correctional problems.” The program is planned to cover training for social service, delinquency, mental hygiene, children, health, the family, specialized education, and a business session. At the luncheon meeting on November 17th, Dr. Katharine Bement Davis and Mr. Angelo Patri will speak on the subject of a community program for the prevention of delinquency. The State Association of Probation Officers will hold its annual meeting November 15th and 16th and will join with the State Conference of Charities and Corrections in the session on delinquency on the evening of November 16th. The National Association of Travelers Aid Societies is planning an institute on travelers aid to be held in connection with the state conference on November 16th and 17th.

Public Marriage Consultation Center in Berlin.—In June, 1926, the municipal administration in the first district of Berlin opened a public marriage consultation center, according to an item in the *Chicago*

Medical Recorder, August, 1926. No charge is made for consultation, examination, or health certificates, and the personnel of the center are not permitted to divulge any information received from persons consulting them. Candidates for marriage are advised as to their health and the feasibility of marriage, and they are issued health certificates if desired. Married persons may consult the staff with regard to their adaptability as parents from the standpoint of heredity. Treatment is not given, but advice may be had in difficulties of a sexual nature, as well as in matters pertaining to parenthood.

The Vulnerable Age in the Venereal Diseases.—According to an item in the August 23, 1926, issue of *Health News*, published by the New York State Department of Health, a study of new cases of syphilis and gonorrhea reported in this state outside of New York City reveals that at the age of 14 boys, and at 15 years girls, are being infected by venereal diseases with increasing frequency. In syphilis the number of reported infections increases up to the age of 30, and in gonorrhea to the age of 22. In the year 1925, 937 children and minors in their "teens" were infected with syphilis and 682 with gonorrhea. Such conditions are cited to point out the fact that sex education, if it is to be effective, must not be delayed, and to encourage parents and teachers to discharge successfully their responsibility in the sex education of their children.

ASSOCIATION NOTES

Courses in social hygiene were given for the first time in the summer schools session of Chautauqua Institution, Chautauqua, New York, this year. Mrs. Anna Garlin Spencer directed the lecture conferences which were made possible through the joint coöperation of the American Social Hygiene Association, the National Woman's Christian Temperance Union, the General Federation of Women's Clubs, the National Congress of Parents and Teachers, and the Chautauqua Institution. Mrs. Spencer, who was present during the entire session, lectured on the constitution of the family and its present day problems arising out of the main problem, mainly, the betterment of the human race. Lecturers assisting Mrs. Spencer in the special social hygiene course were Dr. Thomas W. Galloway and Dr. Edith Hale Swift of the Department of Educational Measures, Mr. Ray H.

Everett of the Department of Public Information, and Dr. Valeria H. Parker of the Department of Protective Measures of the American Social Hygiene Association.

In her second course, Mrs. Spencer opened with a series of talks on "The History and Meaning of Social Hygiene," constituting a summary of the history of vice and the vice crusade, some of the outstanding persons in the move for social betterment, and the approved methods for reform through the agencies of law, medicine, and education.

Dr. Swift lectured on "The First Dozen Years of Parenthood," "The Problems of the 'Teen Age,'" "What Shall We Do with Our Girls," "A Legitimate Demand on School and Church," and similar topics designed to help toward a fuller understanding and handling of the sex interests of the child and youth. At the request of the parents in Chautauqua she also conducted classes in the story of life for children from 10 to 14 years, holding separate sections for girls and boys. At the end of her talks Dr. Swift held a forum for the purpose of answering questions in which a large part of the discussion turned on the problem of birth control and the inculcation in school and college curricula of fundamental courses in general and social hygiene.

"Modern Literature on the Family and Sex Relationships" was the title of Mr. Everett's talks which dealt with modern literature and sex relationships; literature on the sex education of children; sex education literature for young men and women, and for special groups, such as the educator, religious leader, and the social worker; and the influence of the movies on sex attitudes.

The course of lectures by Dr. Galloway were concerned with the nature of sex education; its integration in character education; the facts which determine why, when, and how children and youth should be aided to gain sane, positive, and uplifted attitudes toward sex; and the means of coöperation between the family, the school, and the church.

Having just returned from Europe where she attended meetings and congresses in Paris, London, Antwerp, Brussels, Amsterdam, and Geneva, Dr. Parker gave an address on "The Paris Suffrage Meeting and the Council of Women," in which she brought out the chief points in the movements which women of all countries are discussing to-day, those of progress and emancipation of women, prohibition, social hygiene, and international understanding. Dr. Parker also spoke at

the Woman's Christian Temperance Union meeting on "The Next Step in Social Hygiene." An exhibit of books, pamphlets, posters, and other graphic material was provided by the American Social Hygiene Association while the Chautauqua book store coöperated by carrying in stock the most popular and instructive books on the subject.

* * * *

Mr. Ray H. Everett of the Department of Public Information and Dr. Walter M. Brunet of the Department of Medical Measures of the American Social Hygiene Association will attend the fifty-fifth annual meeting of the American Public Health Association to be held in Buffalo, New York, October 11-14, 1926. The teaching of health in colleges will be the subject of a special session on Wednesday the 13th, and Dr. Thomas A. Storey, Executive Secretary, Presidents' Committee of Fifty on College Hygiene, will discuss the question *Can College Hygiene Be Made Effective in the Life of College Students*, and social hygiene, particularly as it occurs in the health and physical education programs of colleges and universities. On Wednesday afternoon Mr. Everett will act as chairman of the round table session and lead the discussion on the advantages and limitations of the use of films in public health education. Mr. Everett is in close touch with this subject especially from the social hygiene standpoint, and in his lectures at Chautauqua Institution, this year, he gave considerable time to the question of the influence of the movies on sex education.

* * * *

On September 17th, Dr. Valeria H. Parker, Director of the Association's Department of Protective Measures, left on a western trip to be gone for several months. From September 18th to 20th, she was in Detroit, Michigan, attending a conference of officials of the National Council of Women. After speaking before the National Auxiliary to Sons of Veterans of the Civil War in Des Moines, Iowa, on the 21st, she left immediately for Los Angeles to take part in the annual convention of the National Woman's Christian Temperance Union and Social Morality Institute and especially to address the evening meeting of September 28th. While in the west Dr. Parker will confer with special groups in San Diego, San Francisco, and other cities. The State Federation of Women's Clubs, the state Parent-Teacher Association, the Utah Public Health Association, Utah Public Health Nurses Association, and the Utah Educational Association all meet in Salt Lake City October 18th to 22nd, and Dr. Parker

has been invited to speak before sessions of these five state organizations. She will attend state Woman's Christian Temperance Union conventions at Kansas City, Missouri, and at Hays, Kansas, returning to Kansas City, Missouri, for a meeting of the Kansas City Social Hygiene Society, after addressing the state Council of Women at Topeka, Kansas, on October 29th. After a second trip to Chicago Dr. Parker will return east in time for the meeting of the Executive Board of the National Council of Women in Philadelphia, November 15th to 17th, and the annual social hygiene conference in Atlanta, Georgia, November 18th to 20th.

* * * *

From September 21st to 24th Dr. Walter M. Brunet of the Association's Department of Medical Measures was in Montreal, Canada, attending the ninth meeting of the *Association des Medecins de Langue Francaise de l'Amerique du Nord*. There he addressed a special session which was devoted to the prevention and cure of syphilis. On September 28th, Dr. Brunet spoke on *Medical Progress in Combating Venereal Diseases* before the New England Health Institute which took place at Concord, New Hampshire, September 28th to October 1st. After attending the American Public Health Association meeting in Buffalo, October 11th to 14th, he plans to go directly to Pittsburgh to take part in the medical session of the fifty-sixth annual congress of the American Prison Association, which will be held from October 15th to 21st.

BOOK REVIEWS

AN INTRODUCTION TO OBJECTIVE PSYCHOPATHOLOGY. The Contemplation of Sick Souls. By G. V. Hamilton, M.D., Director of Psychobiological Research, Bureau of Social Hygiene. With Foreword by Robert M. Yerkes, Professor of Psychology, Yale University. 8vo. 354 p. St. Louis: The C. V. Mosby Company, 1925. \$5.00.

The progress of medicine took a sharp upward turn with the adoption of experimental methods to supplement clinical experience. Psychopathology has suffered because it has not yet developed a therapeutic grounded in experimental research. This volume is an attempt to show the way for such experimental research along the lines of other branches of natural science.

The normal organism tends to react in characteristic fashion to

every stimulus; and the stimulus and reaction may both be studied objectively. The reactions of the body to an invasion by typhoid germs, or to inflammation of the appendix, may be observed by the senses. The nervous patient responds largely in terms of mental states that are not so readily observed, but it is possible to study the stimulations which evoke the nervous condition, as well as some of the physical manifestations or responses of the patient, in a thoroughly objective way. Moreover, what the patient reports as his own mental states or feelings may be accepted as part of the reaction, without falling back upon "psychic" terms to explain what happens. A localized pain is also a state of mind; but its occurrence leads the physician to consider possible lesions or disturbances, not other states of mind. It is one of the main purposes of the book to persuade the practising physician, who has to deal with most cases of "nervousness," that he "need not depart from the fundamental methods, concepts, terminologies, and sense-organ orientations of the natural sciences in order to employ the same degree of scientific purposefulness in dealing with his nervous patients that he employs in dealing with all other classes of patients."

Since most of us are neither internists nor nervous patients, we may consider what Dr. Hamilton has to offer the ordinary citizen. Nearly half of the book is taken up with descriptions of 200 nervous cases studied clinically and with a view to remedial treatment in a small city somewhere in the interior of the continent. Most of the rest is given to an interpretation of the findings in terms of comparative psychology and biology, with a steady effort to avoid psychomorphic interpretations. From these cases and their interpretations come several suggestions bearing upon social hygiene.

There is first of all the higher incidence of nervousness among women than among men. This difference Dr. Hamilton attributes in part to (1) the lowered threshold of emotional responsiveness during the menopause; (2) the greater liability of women to develop hyperthyroidism; (3) the greater tendency among women for inhibition of and indirect reaction to normal sex urges, whether for conventional or innate reasons; (4) the greater obstacles among women to the satisfaction of major cravings of all kinds; and (5) the greater liability among women to become the victims of spousal infidelity and of spousal infection with venereal disease. As to the last point, all of the women (number not given) who gave histories of venereal infections had been infected by their husbands, but none of the men had

been infected by their wives; of the eleven patients who showed morbid reactions to spousal infidelity, ten were women; all of the eight divorced women were the complainants in court action for divorce, whereas only three of the five divorced men patients "were the guiltless ones."

The disturbances arising from increased emotional instability during menopause and the greater susceptibility of women to hyperthyroidism are apparently rooted in the nature of the species, and can be considered of social significance only as they indicate perhaps need for special consideration for women at certain periods or under certain conditions. Obstacles to the satisfaction of "major cravings," whether for men or for women, are decidedly social in their nature, in most cases; and it is gratifying that so much attention is given to this problem in industry and in education. Whether it be the monotony of rural and smalltown life that leads to a craving for greater variety of stimulation; or the monotony of urban industrial or commercial routine that leaves the creative impulses starved; or the restraints of narrow school and home environment that make young people feel like jumping out of their skins, there is no doubt that much of the nervousness and irritability could be avoided by taking thought; and there is no doubt that a great deal of delinquency, including sex delinquency, finds its source in similar obstacles to satisfying activity.

Although Dr. Hamilton elicited from many of his patients frank statements as to their personal and family difficulties, as to their sexual lives, as to their unacknowledged aspirations, and frustrations, he is by no means a Freudian. His chief objection, indeed, to current practice in psychopathology, is its uncritical acceptance of certain Freudian concepts that do not permit of experimental treatment of important problems. He acknowledges the value of Freud's contributions, especially in pointing out the infantile and childish tendencies that normally become parts of the adult hetero-sexual behavior complex, and in emphasizing the wish as a dynamic factor in behavior, and its tendency to express itself indirectly and unconsciously when obstructed. Dr. Hamilton objects, however, to an "unconscious" that operates like a very wise consciousness, to intangible censors and repressions, and to the assimilation of all desires and cravings to "sex," even when this term is interpreted in the broadest possible way. Thumb-sucking, for example, curiosity, narcissism, and the other manifestations and trends of childhood, may be interpreted on

biological grounds, without assuming that they have a sexual significance, and while recognizing that the integrated adult may exhibit all of the earlier tendencies in some relation to sex.

The basis for this objective psychopathology is a frank behaviorism derived from experiments with monkeys and other mammals. The biological prepossessions of the author appear in the constant comparison of man and other mammals under various types of situations. Some of the results are particularly impressive, and will probably prove significant. For example, Hamilton has departed from the classical maze and multiple-choice experiments by setting up a *baffling* situation, in which the animal's escape from confinement can never be effected twice in succession in the same way—there is no opportunity to learn or to acquire an adaptive habit. In these circumstances he finds five possible types of reaction; the most striking being the persistent repetition of a non-adaptive act. When we apply this to human beings we are confronted with the very common feature of many types of nervous behavior—the persistent repetition of futile emotional response to a baffling situation, whether in the form of worry or of nervous headache, of jealousy or of chronic fatigue. The place of a rational treatment of situations is developed, and leads to a therapy of re-education; but the technique for this is still in its infancy.

The over-valuation of sex in the lives of many people is also a fact of tremendous social significance, both because of the undesirable consequences that frequently flow from it and because of the controllable factors involved. Like monkeys confined in a cage, human beings deprived of the opportunities for varied stimulation and activities will resort to the satisfactions that are available. This principle will account for masturbation in many cases, for other perversions, and for excessive interest in sex in other cases. In this respect sex is by no means unique, however, for the individual "may be seduced to an over-valuation of the satisfactions derived from gambling, drinking, athletics, money-making, social advancement, or purely intellectual pursuits. . . . The tendency to seek variety of stimulations . . . insures that the individual who stresses sex satisfactions almost to the exclusion of all other kinds of satisfactions will seek dysteleological (mal-adaptive) variations of sexual stimulations." If this is a plausible explanation of many types of sexual perversion, and it appears so to the reviewer, it suggests also the further question whether many other types of socially undesirable conduct are not also

due to the restrictions forced upon the developing personality by an arbitrary and inconsiderate social cage. The mammal is capable of learning; it is capable also of acquiring sets of reaction-values in relation to every possible stimulus without anybody intending to "teach" it. The conditioning of reactions goes on from the first. The problem of the pathologist has been to find out how people "get that way"—the way he finds them; the result of his efforts should teach others how to avoid various types of disaster, and eventually how to guide human beings into wholesome and happy living.

This book is intended primarily for the physician and the specialist, but it has a great deal of value for the educator and the sociologist. It is to be commended as a serious attempt to integrate certain valuable features in different "schools" of psychology, without making a patchwork. The bias of a certain "school" of biology is evident throughout, but it is a move in the direction of more scientific consideration of the springs of human behavior; it becomes thus an introduction to objective psychology that marks an advance over the behaviorism which does not acknowledge "mental" states on the one hand, and over the symbolism and mysticism of systematic metaphysicians on the other.

B. C. G.

THE REVOLT OF MODERN YOUTH. By Judge Ben B. Lindsey and Wainwright Evans. New York: Boni and Liveright, 1925. 364 p. \$3.00.

The contents of this volume are of decidedly uneven merit, and it is unfortunate that the chaff and wheat are so thoroughly mixed as to make it difficult for the reader to separate them. There is too much of dogmatism, of sweeping criticism, and of complaint in these 364 pages.

In spite of the fact that Judge Lindsey endeavors repeatedly to assure his readers that he is just as familiar with the great body of normal youth as he is with the necessarily selective group of cases that appear before him in his judicial capacity, it would still seem that his arguments are based mainly on the cases of boys and girls who have become enmeshed in the legal processes by which we attempt to deal with offenders against our enacted codes.

The author says on page 81, "I am no statistician; and I confess I put down these estimates with some trepidation. There is a saying that figures do not lie but that liars will figure; and I've no doubt

that some clever statistician could make my logic look sad, but statisticians can do that with anybody's logic. They will figure. I shall therefore maintain in the teeth of them all that my deductions have common sense behind them, and are reasonably sound, and as conservative as they are startling which, as some of my young proteges would put it, is saying a mouthful." Though thus aware that his logic can be made to "look sad," he proceeds to use inferential statistical methods which seem most unsound. This is particularly unfortunate in a book which is widely advertised for popular consumption. Were its reading to be confined mainly to the more scientifically-minded educators, social workers, and religious leaders, we might feel that the necessary grains of salt would be taken as an antidote for the statistical indulgence.

In his preface the author says " . . . the conditions I portray are not peculiar to Denver. They hold even more true for every city and town in the United States." This type of sweeping statement would seem wholly incapable of proof inasmuch as social conditions vary so extensively in different communities, and are influenced by so many factors such, for instance, as the activity of organized social agencies, the character of the community as to whether it is "residential" or "industrial," the provision of wholesome leisure-time activities, the degree to which laws against commercialized vice are enforced, and many others which occur to the thinking reader.

Sweeping indictments of educators, parents, clergy, and the medical profession likewise serve to lessen the value of the book. There are undoubtedly weak—even vicious—members of all these groups but it seems hardly fair to arraign them virtually en masse for failure to cope with the problems of modern youth. The energy and devotion which Judge Lindsey has spent in his field of endeavor have earned for him the admiration and gratitude of thousands. Many of his appeals for sounder and more sympathetic sex education are eloquently worded and well worth reading. His whole-hearted loyalty to youth has gained for him a sincere appreciation. For these qualities and for the manifest good intent in this volume the author has this reviewer's respect. We do not believe, however, that the book, taken as a whole, is a reliable source for those who are attempting to solve the problem of this so-called "revolt of youth."

R. H. E.

VENEREAL DISEASE MANUAL. For Social and Corrective Agencies.

United States Public Health Service, Division of Venereal Diseases. V. D. Bulletin No. 81. Washington, D. C.: Government Printing Office, 1926. 67 p. 50 cents.

The Division of Venereal Disease of the United States Public Health Service has just issued a small volume, *A Venereal Disease Manual for Social and Corrective Agencies*.

The purpose of the book is to present to interested workers in all fields of social and health work the rôle played by the venereal diseases in causing pathological changes, both mental and physical, and as they affect the social fabric generally.

Within the past ten years perhaps more effort has been devoted to the study of gonorrhea and syphilis than was ever put into any other group of the communicable diseases. There are four lines of attack on the venereal diseases. They are:

1. The discovery of the source of the infection and the provision of adequate treatment facilities for both private and indigent patients.
2. Educational measures directed toward prevention.
3. Legal measures which seek to remove vice of all kinds.
4. Protective and recreational measures.

This book should serve to emphasize the importance of the nurse, the trained social worker, and others dealing with large groups in which anti-social conduct has been the means of exposing to infection or of the contracting of a venereal infection.

Study of this volume should aid one in understanding more thoroughly the insidiousness of syphilis and gonorrhea and create a desire to aid in their eradication and control.

W. M. B.

BRIEFER COMMENT**DETAILED INSTRUCTIONS FOR CONDUCTING A "FITTER FAMILIES COMPETITION."**

New Haven, Connecticut: Committee on popular education of the American Eugenics Society, 1926. 16 p.

Method of organization and general rules for conducting a Fitter Families competition, showing medical staff required, supplies, and equipment.

HANDBOOK OF RURAL SOCIAL RESOURCES. Edited by Henry Israel and Benson Y. Landis. Chicago: University of Chicago Press, 1926. 204 p.

A handy reference book for rural workers containing data about many rural interests.

Part I consists of interpretations of developments in rural life within the past five years by specialists who have made a special study of the particular interests

which they discuss. Part II comprises statements of the program and services of the national agencies which are members of the National Council of Agencies engaged in rural social work.

MARRIAGE LAWS; THEIR NEED, AND THE CAUSE AND CURE OF THEIR WEAKNESSES.

By R. McG. Carruth, M.D. Reprinted from *The Southern medical journal*, vol. 19, March, 1926. 13 p.

Gives provisions for a proposed law for Louisiana preventing the propagation of the unfit, the law to be administered by a state hygienic marriage board.

REPORT OF THE HEALTH SECTION OF THE WORLD FEDERATION OF EDUCATION ASSOCIATIONS. Held at Edinburgh, Scotland, July 21-24, 1925. New York American child health association and Metropolitan Life Insurance Company, 1926. 158 p. 50 cents.

Discussion by many authorities of the present status of health programs throughout the world, some school health problems, training leaders in health education, private organizations and their place in a school health program.

SOCIAL ADJUSTMENT OF MORON GIRLS. By Eleanor Rowland Wembridge. Reprinted from *Mental hygiene*, vol. 10, April, 1926. 11 p.

An analysis of fifty cases of moron girls showing successful or unsuccessful adjustments. Because of the lack of institutional facilities, placements in many cases must be made outside; consequently the training of the moron youth in moderate habits, self-support, and family happiness increases the safety of the community.

SURVEY OF STUDENT HEALTH SERVICE IN THE UNITED STATES, CONDUCTED JOINTLY BY THE NATIONAL ASSOCIATION OF DEANS OF WOMEN AND THE WOMEN'S FOUNDATION FOR HEALTH. By Anna E. Pierce. New York: Women's Foundation for Health, Incorporated, 1926. 31 p. 12 cents.

A preliminary survey to ascertain the facts regarding personnel, space, equipment, and other provisions for caring for the health of students to use as a basis for a positive health program in schools, colleges, and universities. The survey also contains recommendations.

PUBLICATIONS RECEIVED

Under this head the JOURNAL OF SOCIAL HYGIENE lists publications received and not reviewed. Those which fall sufficiently within its field and are of sufficient importance to its readers to warrant comment will be reviewed in later issues.

BIRTH CONTROL AND THE STATE. A Plea and a Forecast. By C. P. Blacker. New York: E. P. Dutton and Company, 1926. 87 p.

DIE GESCHLICHTSKRANKHEITEN EINSCHLIESSLICH DER PROSTITUTION. By Dr. Hans Haustein. Berlin, Germany: Julius Springer, Berlin W 9, 1926. 773 p.

- DIE HYGIENE DER MENSCHLICHEN FORTPFLANZUNG. By Alfred Grotjahn. Berlin, Germany: Urban and Schwarzenberg, 1926. 344 p.
- FOURTH REPORT OF STATISTICIAN FOR YEAR ENDING JUNE 30, 1925. Department of Public Welfare, State of Illinois. E. R. Amick, Statistician. Springfield, Ill.: Illinois State Journal Company, 1926. 222 p.
- HAY-FEVER AND ASTHMA. A Practical Handbook for Hay-Fever and Asthma Patients. By Ray M. Balyeat, M.D. Philadelphia: F. A. Davis Company, 1926. 198 p.
- HAPPINESS IN MARRIAGE. By Margaret Sanger. New York: Brentano's, 1926. 230 p.
- HEALTH COMPENDIUM AND HEALTH PUBLICITY. By T. Crew, F.F.I., F.I.H. Foreword by Professor A. Bostock Hill, M.D. Sanvey Gate, Leicester, England: The Reader Printing Company, Ltd., 1926. 260 p.
- HISTORICAL ASPECTS OF THE IMMIGRATION PROBLEM. Select Documents. By Edith Abbott. Chicago: The University of Chicago Press, 1926. 881 p.
- PARENTHOOD AND THE NEWER PSYCHOLOGY. Being the Application of old Principles in a new Guise to the Problems of Parents with their children. By Frank Howard Richardson, M.D. New York: G. P. Putnam's Sons, 1926. 194 p.
- POPULAR ENCYCLOPEDIA OF HEALTH, A. By Lee K. Frankel and Donald B. Armstrong, M.D. With the collaboration of Genevieve Fox. New York: Albert and Charles Boni, 1926. 366 p.
- RELIGIOUS AND ETHICAL ASPECTS OF BIRTH CONTROL. Volume IV. The Sixth International Neo-Malthusian and Birth Control Conference. Edited by Margaret Sanger. New York: The American Birth Control League, Inc., 1926. 240 p.
- UNITED FRUIT COMPANY. Fourteenth Annual Report of the Medical Department for the Fiscal Year Ended December 31, 1925. Boston: United Fruit Company, 1926. 320 p.

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CHARLES WILLIAM ELIOT*

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The Acting General Director presented the following minute on the death of President Charles W. Eliot:

Charles William Eliot, President of Harvard University, *Emeritus*, President of this Association from 1913 to 1915, and its Honorary President since the latter date, died at his home in Northeast Harbor, Maine, on the twenty-second of August, 1926, in the ninety-third year of his age. By his death the Association has lost one whose counsel, from the time of its organization to that of his official retirement and often subsequent thereto, was of incalculable value in defining its objects and in setting those objects effectively before the American public. Not even death can deprive our Association of the benefit which his honored name has conferred since his active participation in its affairs came to a close.

President Eliot's interest in the organized promotion of social hygiene was first enlisted by Dr. Prince A. Morrow, whose far-seeing recognition of the relation of social hygiene to public and private health, as well as to good morals, made an almost instant appeal to a mind predisposed to welcome new ideas and new methods without the constraint of old traditions or prejudices. When, therefore, the time was ripe for the more active promotion of social hygiene on a

EDITORIAL NOTE.—Extract from the records of the executive committee, American Social Hygiene Association.

national scale, President Eliot was one of the first and most influential in proposing the establishment of the American Social Hygiene Association. For this purpose he attended the initial meeting in Buffalo in 1913 and there took a leading part in the work of organization, including the choice of the executive staff.

During the years that followed, his voice and pen were active in the support of every phase of the Association's work, a support inspired by warm sympathy with his colleagues in the Board of Directors and staff no less than by his thorough belief in the merits of the social hygiene cause.

The Executive Committee of the Board of Directors of the American Social Hygiene Association hereby gratefully acknowledge the large service which President Eliot thus rendered to this Association and to the whole community; and they share with his family and immediate associates not only the feelings of irreparable loss but also those of profound happiness that one who long lived and worked for the public good has so nobly and completely realized through serene and laborious years his own high conception of "The Happy Life."

It was thereupon resolved that the Secretary be directed to enter the foregoing minute in the records of this meeting and to send a copy thereof to President Eliot's family.

PUBLIC OPINION AND SEX HYGIENE

CHARLES W. ELIOT

President Emeritus of Harvard University

President of The American Federation for Sex Hygiene

[At the invitation of the Fourth International Congress on Social Hygiene, which met in Buffalo, New York, August 25th to 30th, 1913, The American Federation for Sex Hygiene arranged the program for a session of the Congress to be devoted to the discussion of sex education as a school problem. This meeting was held on August 27th in the Elmwood Music Hall, where an audience of over three thousand persons remained to the close of the discussion which followed the formal papers, though prolonged until late in the afternoon. In response to the wish expressed by many actively interested in sex education, a special meeting was then arranged for conference and discussion for the afternoon of August 29th.

Dr. Eliot, President of the Fourth International Congress and Chairman of the Sex Education Session, opened the Session on August 27th with the following paper.]

During my somewhat long, active life I have never seen such a change of public opinion among thoughtful people as has taken place among them within the last ten years on the subject of sex hygiene, using that term in its broadest sense.

The policy of silence on all the functions and relations of sex, whether normal or morbid, was almost universally accepted for centuries by physicians and clergymen, and in family life. In the Protestant denominations of the Christian church the normal processes of procreation and birth were associated with the supposed fall of man and his total depravity. In the Catholic church the offices of a priest were necessary for the mother and new-born infant by way of purification; and the perversions of the sexual passion were to be dealt with only by the priest in the confessional. The miserable victims of the venereal diseases were excluded from all hospitals and dispensaries, or were treated by compassionate physicians only by stealth. Venereal diseases were regarded exclusively as diseases of sin and shame, until their

frequent communication to wholly innocent persons had been demonstrated within recent years.

Certain rather recent medical discoveries have contributed to the extraordinary change in public opinion. When blindness in the new-born was traced to gonorrhea in the mother, a potent cause of the crowding of blind asylums was thus brought to light. Insanity and general paresis were in many cases traced back to syphilis, and an explanation was thus given of the increase of insanity in civilized communities. It became known to the medical profession, and later to many unprofessional persons, that the consequences of gonorrhea were almost as bad as those of syphilis, in regard to the infection of innocent persons and the destruction of family happiness. Quite recently a treatment for syphilis has been discovered which has proved satisfactory in many thousands of cases, although the permanence of the cure cannot yet be confidently affirmed. It has been proved that by persistent treatment gonorrhea can apparently be permanently cured in a large proportion of cases. In obscure disorders the Wassermann test for syphilis gives the physician who is trying to make the diagnosis, on the one hand a strong indication of the presence of a serious complication, or on the other of its absence. As a guide to treatment either determination is invaluable. The same test can supply evidence that a cure has been effected. It will also probably furnish in time trustworthy statistics concerning the prevalence of syphilis in the community at large, statistics greatly needed, because the previous guesses and estimates on that subject and the results of some recent applications of the test to considerable numbers of public hospital patients are disquieting. To refuse to treat venereal diseases in hospitals and dispensaries, now that we know they can be effectively treated, does not seem tolerable or possible in any humane and instructed community. The treatment of other contagious diseases is adequately provided for. Shall these most destructive of all contagious diseases be exempted from registration, isolation during

activity, and treatment at either public or private expense adequate to the protection of the community? If the community is to be protected, however, the policy of silence and the concealment of venereal cases must be abandoned by the medical profession and by boards of health. The duty of the medical profession to the family as the best of human institutions and to the public health as the foundation of the common efficiency and happiness, must qualify the duty of the physician as the recipient of his patient's confidence.

The recent medical discoveries to which I have referred raise important ethical questions. Will the fact that syphilis can apparently be cured in many instances increase sexual immorality? Will the fact that a few dissolute men and women escape venereal diseases, and the further fact that there are antiseptic precautions which diminish somewhat the dangers of licentiousness, make young men readier to encounter the dangers of sin? These are questions which only experience can fully answer.

The Navy Department reports publicly that the crews of the sixteen battleships that went around the world returned with a better record in respect to venereal diseases than those of any earlier American expedition. It is clearly better for the community as a whole that the diseases consequent on vice should be reduced to the lowest possible terms both by cure and by prevention. The sum of human misery from licentiousness, when followed without restriction or repair by the diseases consequent upon vice, is greater than it would be if the consequent diseases were effectively contended against with all the means now available for mitigation and cure; and the hope that the race can maintain itself against the evils of artificial living, unhealthy herding, and commercialized vice will be strengthened by active and incessant war on venereal disease.

Public opinion has been moved strongly toward the subject of sex hygiene because of the many signs of physical deterioration among the civilized nations, which suffer from the eager

rush out of the country into the city, from the factory system, and from alcoholism and the sexual vices. Many thoughtful persons are anxious about the diminishing size of young men at the age of admission to the national armies, the rapid reduction within fifty years of the size of the average family, the common inability of women to nurse their babies, the terrible infant mortality in cities, the alleged increasing number of physically or mentally defective children, and the increasing proportion in civilized communities of persons, young, mature, or old, who are practically unable to earn their livelihood. The humanitarian policies in regard to the treatment of the defective, the incompetent, and the criminal classes seem to tend to increase the burdens carried by the normal and industrious portion of the population; and these burdens react on the vigor and happiness of the normal people. The increase of liberty for all classes of the community seems to promote the rapid breeding of the defective, irresponsible, and vicious.

The new interest in sex hygiene is not due, however, only to speculations on the durability of modern civilization or on that of the white race. Political philosophers and biologists naturally take a strong interest in those large problems; but the individual young man or woman has a narrower sentiment on this subject, though one quite as intense. The young people have lately heard for the first time what the risks of marriage are; what the physical enemies of happy family life are; how the different standard of chastity for men and women has worked during the slow development of the society now called civilized. With these young people the problem becomes an intensely personal one. "How can I best regulate my own conduct in order to win the normal satisfactions of family life? How can I be protected from the ignorance or sinfulness of associates? In short, how can I steer a safe course through the swirls and tumults of the sexual passion, which seems to be a principal source not only of the normal satisfactions and delights of human life, but also of its worst

anxieties and afflictions?" Intelligent fathers and mothers feel a new sort of duty towards their children—the duty of protecting them from vicious allurements and giving them in due time knowledge of good and evil in sex relations. Teachers in public schools see before them a deplorable proportion of children who have bad inheritances, both physical and mental, and who live in bad environments; and sharing the new freedom in the discussion of social problems, they are eager to be told how they can contribute to the arrest and prevention of these miserable tendencies. Churches are taking a new interest in the questions which arise out of unhappy marriage and easy divorce. Many persons who get a smattering on eugenics are eager for legislation to make marriage conditional on bodily and mental health, and to keep in confinement the feeble-minded, the alcoholic, and the insane not only till they are of age, but till they are incapable of breeding their like. Some knowledge of social hygiene and eugenics has led many persons to advocate hastily prepared legislation as a panacea for evils which terribly afflict modern communities, and yet are very ancient. Such is the genesis and such the immediate outcome of the new and widespread interest in sex hygiene.

The most important question before this American Federation for Sex Hygiene is the question—What forces can now be put into play against the formidable evils which gravely threaten family life, human happiness, civilization in general, and the very life of the race? Something must be done. Christianity, democracy, and humanitarianism have all failed, thus far, to cope with these evils which are sapping the vitality of civilized society. What can be done? It is clear that no one force or agency is to be exclusively relied on. All the uplifting forces of society must be simultaneously enlisted in this cause,—state, church, school, college, industrial and charitable corporations, all productive industries, and both preventive and remedial medicine. The attack must be directed against the three principal causes of the present evil

conditions,—first, against lust in men; secondly, against the weakness, dependence, mental deficiency, and lack of moral principle of the women who supply the demands of men; thirdly, against the greed and depravity of the wretches who maintain a profitable commerce out of this licentious demand and supply.

The struggle against lust in men must bring into play a variety of defensive agencies, such as full occupation for body and mind, manly sports, ambition and energy in the earning of the livelihood, timely knowledge of the good and the evil in sex relations, temperance in both food and drink, and deliverance from mischievous transmitted beliefs, such as belief in the harmlessness of gonorrhea or in the necessity of sexual indulgence for the maintenance of health and vigor in men. For the giving of the information which all young men need a variety of agencies must be utilized. The best source of the information which the young man needs is the parent—the mother in childhood, the father later; but inasmuch as many parents are too ignorant to give this information, it is indispensable that schools, churches, Christian associations, and the various kinds of clubs maintained for good social purposes should all be utilized. The public press, too,—or that part of it which has moral purposes and a sense of responsibility—must lend its aid, and the policy of silence must be abandoned in favor of a policy of high-minded and reserved exposition. It must be made impossible for either young men or young women to plead ignorance as their excuse when they fall into moral and physical degradation. The general policy in thus employing all available defensive agencies will be the exclusion of evil thoughts and acts by the incessant suggestion and practice of pure and useful thinking and acting. Does any one say that these are slow-acting forces which will be long in bringing about hygienic sex relations? True; but must it not be a long labor to modify towards purity and chivalrous gentleness the strongest of the animal instincts of man? It is not likely that any short and

easy road can be found to the redemption of society from centuries-old licentiousness in males. All the more reason for entering at once on the best roads to be found that lead in the desired direction. It is obvious that most of the forces to be employed are educational, to be applied as widely as possible not only in childhood but throughout life.

The second attack must be directed against the lack of moral and mental stamina in girls and young women whose inheritances have been low, and whose environment has been dull and miserable. Prostitution is voluntarily resorted to by some responsible women whose propensities are naturally bad; but the great majority of prostitutes are physical, mental, or moral defectives in the strictest sense of that word. It is the interest of all such defectives and of society at large that they be first discovered in their families, or at school, or in the churches or social settlements, or in hospitals and infirmaries, and then segregated and confined under wholesome conditions, where they cannot be seduced to a vile life or be abandoned even for an hour to their own imperfect self-control. Here is a great service that the public schools can render to society, and here lies a strong argument in favor of the extension of attendance at school beyond the age of thirteen or fourteen, which is now the limit of school life for a great majority of American children. Family, school, church, and all good social organizations should steadily contend against indolence, love of excitement, self-indulgence, and luxurious tendencies in girls, should prevent the depression or joylessness of extreme poverty, and should provide and cultivate systematically both helpful work and healthful play for all sorts of girls and young women. Orphaned and unprotected girls should be always the special care of benevolent organizations or friendly societies. Courts and police authorities should reinforce and assist parents and school authorities to control, before it is too late, girls that manifest vicious propensities. The best control for such girls is, of course, that of a loving home; but in the absence of that best control

the community itself should exercise the next best in its own defense. Again, we see that the forces which must be brought into play in attacking the second cause, or source, of licentiousness are mostly educational, and therefore slow-working.

The third assault which society should conduct against licentiousness may be undertaken with prompt decision and with expectation of effecting rapid improvement. This is the assault on commercialized vice. There need be no hesitation in attacking with all the powers of the law the men and women who pander to men by seducing or compelling young women to the horrible existence of the prostitute, owned or leased by a dealer in the gratification of lust, and provide shelter and facilities for the worst of human vices. In that shameful business much intelligence and shrewdness and much capital are employed, and much money is made. Some of the money made is freely used to secure immunity, or periods of immunity, from prosecution in the courts. This iniquitous commerce should be put an end to by vigorous action under existing laws. No third party should be allowed to make any profit out of licentiousness. No brokers or commission merchants in vice should be allowed to exist in a civilized community, and no real estate owner should be allowed to use it himself, or lease it to others, for immoral purposes. But one may say, "The segregation and regulation of brothels are policies which have come down through unnumbered centuries in many nations and under all the great religions of the world. Are we to attempt the uprooting of such ancient policies of toleration and license?" I answer, "Yes, we are"; because those ancient policies have everywhere failed to protect the human race from evils which in the long run will work its destruction. Former generations were not sure of that failure. This generation knows it. Former generations had no adequate means of contending against the diseases which in the human race accompany the perversions and excesses of the sex instincts. We possess these means. Earlier generations had not appropriated the idea of government "of

the people, for the people, and by the people." For us the interests of the mass override the interests of the individual, particularly when the alleged interests of the individual are corrupting and degrading.

The policy of segregation in defined quarters has not been carried out successfully in any place in the world, not even in Japan, where the policy is traditional and has come down through many centuries and where the conditions of prostitution are in some respects less horrible than in any Christian country. In all the cities which have long practiced the policy of segregation scattered vice exists in great amount outside the recognized quarters. The regulation of prostitutes through medical inspection and certification is a recognized failure in every country where it has been long carried on. The inspection is perfunctory and quite incapable of supplying evidence that no disease exists in the persons inspected. The certificate issued by the inspector is founded on no good evidence when it is issued, and may be made absolutely false within a few minutes of its issue. In other words, segregation is never even approximately complete, and it would not diminish licentiousness if it were complete. On the contrary, it supplies facilities for vice. Regulation has no significant effect to reduce venereal disease, although it accomplishes in some rather small proportion the temporary segregation of active cases; and it increases licentiousness, because young men are deluded into thinking that the worthless certificates mean diminished risk of contracting disease.

It is said, in opposition to the suppression of brothels and in favor of the toleration of vice in special quarters of a town or city, that it is better to permit vice, public and regulated, in certain parts of a city than to drive vice into secrecy and spread it all through the residential quarters. The reply to this argument is, that there is a large gain to the community as a whole whenever any vice or wrong practice is driven into secrecy and its gratification made difficult or inconvenient

instead of easy. It is one of the lessons of the long struggle against alcoholism that great gain comes from making the use of alcoholic liquors private instead of public, even if the total consumption of liquor in the community be not much reduced. It has been demonstrated that the policy of no-license for saloons diminishes drunkenness in the community which adopts it. The same is true of gambling houses and the gambling habit. Public toleration and ease of access to the means of gratifying any vicious habit increase the number of victims. It is also said against the proposal to suppress brothels that criminal assaults on girls and women will increase to a formidable extent in any community which adopts such a policy. Fortunately the social resistance to assaults on women is now strong enough to enforce against all such criminals any penalties likely to be deterrent. Asexualization, or castration of the criminal, in addition to whatever other penalty the nature of the assault may indicate, will be demanded by public opinion, if either shall prove to be effective to prevent the crime. Here and there, and from time to time, police authorities in large cities have proved that it is possible to suppress brothels. It remains for public opinion to demand the execution of existing laws and of any new laws which experience may show to be needed for the suppression of commercialized vice. One common practice of the police and the courts will need to be changed. These authorities now attack prostitution chiefly by arresting and punishing the women concerned; they should also punish the men concerned, for they are the primary offenders. It should be one of the chief functions of this Federation and of all kindred bodies to educate public opinion on this subject of suppression in place of toleration. Much progress has already been made in this direction, and the advance of medical science and especially of preventive medicine is contributing every year new weapons for this warfare.

The interest of many thinking people in the subject of eugenics is closely allied to interest in sex hygiene; but zeal

for wise breeding is apparently leading to some hasty or ill-considered legislation. The existing legislation to limit selection in marriage is evidence of a wise recognition of the dangers in continuing stocks burdened with inheritable weaknesses and is so far welcome; but not all the proposed prohibitions can be justified by biological science at its present stage. The educated public have much to learn with regard to the proper mating of persons who have some nervous defect. Such persons should mate with those whose ancestry has no such defect. Although it is undesirable that feeble-minded, epileptic, or insane persons should have children, yet if such a person mates wisely, and the children of such union again wisely, the progeny of the third generation will probably be quite as free from nervous defect as the general population is. Again, the reproduction of the feeble-minded will not necessarily be diminished by laws which prevent them from marrying. Such persons ordinarily have very little self-control, and if left free will have children whether married or not. The laws against undesirable marriages need to be revised in most of the American states; and the public needs to be convinced that no such law can eradicate the evil. Nothing but the compulsory seclusion of all defectives under humane housing, training, and labor conditions will accomplish the eugenic object of the community. Laws which provide that candidates for marriage must be free from syphilis or gonorrhea do good, provided that proper provision be made for the certificate to that effect from a trustworthy physician appointed by the state. The appointment for this duty of an adequate number of physicians by the state boards of health would give a new and important function to these boards. The maintenance of such a staff, furnished with all the means of applying adequate tests in doubtful cases, would be somewhat expensive, but this expense might perhaps be covered in part by a moderate addition to the fee for a marriage license. Each physician would probably require the aid of a man and

a woman competent to inquire into the family histories of the applicants for a marriage license.

It is probable that much public instruction will have to be given through newspapers, magazines, lectures, and discussions in men's clubs and women's clubs before sound and effective eugenic legislation can be placed on the statute books. Again we find that public progress in relation to sex hygiene and eugenics is to be procured chiefly through educational methods. It is therefore of the utmost importance that the processes adopted for diffusing sound knowledge about the normal and the morbid sex relations, the dangers of licentiousness, safe mating with a view of healthy progeny, the prevention of the reproduction of defectives, the destruction of commerce in vice, and the prevention of venereal contagions should all be carried on plainly but delicately, without exaggeration or morbid suggestion, without interference with parental rights or religious convictions, and in general in a pure, high-minded, disinterested way. The pioneering part of this work must be done by voluntary associations, as is usual in social reforms; but it should be the constant aim of these private organizations to enlist gradually the public authorities in this vast undertaking, and to transfer to the public treasury as fast as possible the support of all those parts of the work which experience proves to be of sure and permanent public advantage. The pioneering in regard to both research and practical measures will probably continue for many years to be the work of voluntary associations.

THE AMERICAN SOCIAL HYGIENE ASSOCIATION

CHARLES W. ELIOT

President Emeritus, Harvard University

[In 1914 The American Federation for Sex Hygiene united with the American Vigilance Association under the name of the American Social Hygiene Association. Dr. Eliot, President of the American Federation for Social Hygiene, became President of the new Association. The paper here reprinted was given as the President's address to the first annual meeting, New York City, October 9, 1914. It was printed in Vol. I, No. 1, of SOCIAL HYGIENE, the quarterly forerunner of the JOURNAL OF SOCIAL HYGIENE.]

The American Social Hygiene Association—a combination of two bodies of national scope and similar purposes which had been in existence but a few years—is a new organization, the motives and objects of which have not yet been clearly and widely made known. To all those who have been active in contriving and establishing this new agency for promoting public health and morality, it seems requisite that a clear and comprehensive statement should now be made concerning the objects and aims of the Association. Since its field of work is a very difficult one, in which the best intentions might fail to produce any beneficial result, it is desirable to make clear to the public not only the objects and aims of the Association, but also the means by which it intends to pursue them; and since active work in this field is apt to excite apprehension or even strong antagonism in the minds of excellent people, it is quite as desirable to indicate what the Association does not mean to do as to describe the positive action it hopes to take.

Within the last thirty years, mankind has gained much new knowledge concerning the sources, causes, and modes of transmission of many diseases, and concerning the means of preventing contagion. During the same period, great progress has been made in the treatment of many diseases against

which mankind was formerly defenceless. Among contagious diseases the most destructive to the white race are the diseases called venereal; because they are fearfully poisonous and corrupting, and are caused and spread by vices and animal gratifications in which both men and women have part. Fortunately, more new knowledge has recently been acquired concerning the causes and treatment of these diseases than of any others. The lines of transmission of these diseases and their effects on a second generation have been made known. New tests of their presence in the human body have been invented; and new reliefs, partial or complete, have been brought into use. A considerable proportion—by no means all—of the cases of insanity, general paresis, and blindness have been proved to have their origin in the venereal diseases. Sterility and ovarian and uterine disorders in women frequently result from them. In short, these vice diseases, now known to be often communicated to the innocent, are without doubt the very worst foes of sound family life, and thence of civilization. This remarkable progress of medicine, and especially of preventive medicine, imposes on society new duties and responsibilities with regard to the toleration of vice. So long as society supposed that nothing could be done to prevent or cure the vice diseases and their horrible consequences, the policy of complete silence in regard to them, and of doing nothing to prevent them or to mitigate the sufferings they cause, was at least intelligible, and perhaps justifiable. In the light of present knowledge these policies of silence and inaction are no longer justifiable. In dealing with such portentous evils, society can no longer place first considerations concerning innocency, delicacy, and reticence, any more than in dealing with war. The attack on them must be public and frank; but it should also be high-minded, and free from suggestions which might invite youth to experiment in sexual vice.

The first work to be undertaken by the Association is the work of ascertaining present conditions as regards sexual vice

in American cities and towns. These inquiries should be thorough and universal; and the results should be published in the way most likely to inform the leaders of public thought and action. Important surveys have already been made in this field; but much work remains to be done.

Next, the Association should study the various sorts of police action against vice, and the various statutes intended to regulate vicious resorts, to confine them within fixed limits, or to make less public and open the allurements to vice. It is now clearly known that all the preceding police attempts to regulate vice, to prevent the spread of the venereal diseases, and to diminish immorality have completely failed alike in the East and the West, in Europe and in the Americas. To exhibit and to publish this record of the total failure of well-meant police measures must be one of the first labors of the new Association.

A third important object of the Association is to devise and advocate effective police procedure and effective legislation with regard to vice. In some American communities improved laws, courts, or police administration have already been secured. The Association should try to make the best experience of any state, city, or town available, as lesson or example, to all other cities or towns; but this is an operation involving steady watchfulness and labor, and heavy expenditure.

Part of the work of the Association should be contributory to the work of other organizations—such as those that advocate the suppression of disorderly houses and disreputable hotels,—the gratuitous treatment of venereal diseases at public expense to prevent or diminish contagion, the substitution of weak alcoholic drinks for strong, the promotion of total abstinence, and the provision of wholesome pleasures, both out-of-doors and in-doors. The Association should always be ready to take part in the prosecution of men and women who make a profit out of obscene publications, indecent shows, immoral plays, and prostitution.

• The Association ought to advocate actively the common use

of the recognized safeguards against sexual perversions—such as bodily exercises, moderation in eating, abstinence in youth from alcohol, tobacco, hot spices, and all other drugs which impair self-control, even momentarily. Social hygiene would be effectively promoted by reduction or rejection of the drinking and smoking habits in American communities. In the white race the connection between drinking alcohol and prostitution is intimate.

One of the most difficult tasks of the Association—but an indispensable one—is to bring about a serious change in the ethics of the medical profession. The new knowledge about the trailing consequences of the venereal diseases, and of the long-drawn human miseries which result from them, makes necessary an important change in what has been the ethical practice of that profession. It should now be impossible for a conscientious physician to fail to protect from marriage with a man whom he knows to be diseased the woman whom the diseased man is proposing to marry. Every physician who is called upon to treat a man with venereal disease should have it understood with his patient that his confidential relation to him does not include inaction when his patient proposes to commit that crime. In times past the faithful keeping by the physician of the confidences of his patient has been a fine element in the ethics of the profession; but the recent discoveries in regard to the contagion, duration, and far-transmission of venereal diseases have made it necessary to put limits on the physician's pledge of secrecy, lest he become a silent participant in one of the worst of crimes.

Finally, the Association proposes to take active part in bringing about certain educational changes which will touch first parents, then teachers, then adolescents, and lastly children. In the field of social hygiene, as in almost all the different provinces of public and private morality, improvements cannot be firmly established until the rising generations have been thoroughly imbued with them, and have been brought up under right conditions. In its educational propaganda, how-

ever, the Association will necessarily proceed conservatively and gradually. It recognizes the obvious fact that it is quite impossible, even if it were advisable, to introduce instruction in social hygiene into the public schools, except to a small degree, and with great reticence. It believes that instruction in sex subjects should never be given to the two sexes together after the age of puberty, and that none but obviously high-minded teachers should even talk with pupils on these subjects. It believes that parents, if adequately informed, are the best persons to teach the elements of parenthood and sex-relations to their children. It knows that the existing normal schools cannot as yet supply any considerable number of teachers competent to deal with these subjects in the elementary and secondary schools. One of the first tasks should be to urge normal schools and colleges to prepare teachers competent to teach the elements of biology in elementary schools, and later the elements of social hygiene to girls and boys in separate classes in the secondary schools. While it endeavors to select books on the various phases of the general subject which it can recommend adults to read, it is inclined to believe that the needed instruction in social hygiene proper can be better given to adolescents orally, with help from photographs, diagrams, and tabulated statistics, than from books. For the present, the Association hopes to do the greater part of its educational work through other organizations—such as men's clubs, women's clubs, Young Men's and Young Women's Christian Associations, granges, benefit societies, state boards of health, life insurance companies, and medical societies. It means to carry on its work without impairing modesty and becoming reticence in either young or old; and it hopes to promote by all its activities genuine innocence and purity, and the sanctity of family life.

These being its objects and aims, and its conceptions of public service in the field of social hygiene, the Association invites men and women in every part of the country, who are of this mind, to become members of the Association, and to support its work.

THE MAIN POINTS OF ATTACK IN THE CAMPAIGN FOR PUBLIC HEALTH

CHARLES W. ELIOT

President Emeritus of Harvard University

[An address before the Massachusetts Association of Boards of Health, April 29, 1915. Printed simultaneously in the *American Journal of Public Health* and in *SOCIAL HYGIENE*, September, 1915. This is the address which Dr. Eliot had been invited to give and was thinking out at the time he wrote the letter quoted on page —. He had then retired from the Presidency and become Honorary President of the American Social Hygiene Association.]

The progress in knowledge of preventive medicine made during the past fifty years and in application of that knowledge in social practice has been the most cheerful phenomenon in the recent history of civilization. The new applications of physical forces—heat, light, and electricity—which mankind has learnt to use in its conflict with nature have proved to be highly beneficent in the field of preventive medicine. Civilized communities have been enabled to make their water supplies, food supplies, and drainage systems safe, and to contend with unexampled success against formidable pestilences, the common communicable diseases, and the bodily ills which attend urban life and the factory system. In Massachusetts the organization of the public health service has, within ten years, been made for the first time thoroughly efficient; and the State Department of Health has lately been much strengthened through public appreciation of its beneficent work and the coöperative goodwill of the Legislature and the Executive. Great as recent progress has been in Massachusetts in this invaluable branch of the public service, it is obvious that much more remains to be done; and I hope on this fortunate occasion to be able to set before this professional audience certain lines of work in which there is urgent need of more strenuous medical activity, of more expenditure on the part of the public,

and of more well-informed zeal on the part of all persons interested in the welfare of the community.

The first subject to which I venture to direct your attention is the public treatment of tuberculosis. All boards of health—we have just listened to a long list of Massachusetts boards of health apparently in abeyance—all boards of health should concern themselves actively with making ample provision all over the state for the treatment of incipient cases of tuberculosis, especially among the young, under the most favorable possible conditions, for the segregation of advanced cases, and for the diffusion among the entire population of knowledge of the means of preventing the spread of the disease through contagion. The contagiousness of tuberculosis has been widely taught for a generation past; but that knowledge has not penetrated to every class of the population, so that foci of infection are constantly established and maintained without the knowledge of the health authorities, and without adequate public control. On the other hand, there is danger that some tuberculous patients may suffer from lack of care; because the persons around them, acquainted with the contagiousness of the disease, but not knowing how to make themselves safe, neglect or avoid the sufferers. It should be the duty of medical practitioners not only to report the deaths from tuberculosis, but to report their current cases, together with a statement that each case is, or is not, properly cared for. The law on this subject is sufficient; but public opinion does not yet compel its systematic enforcement. The number of sanatoria and hospitals devoted to tuberculosis is already considerable, but is far too small; and the local boards of health and the city and town governments are not all awake to their responsibilities and duties on this subject.

The next evil which should be attacked with the utmost vigor by all boards of health is alcoholism. Public opinion needs to be enlightened on two points with regard to the use of alcohol as a beverage. In the first place, it should be brought home to the entire population that the habitual use of

alcoholic beverages reduces in a serious degree the productive efficiency of the community. The recent public proceedings in Russia, France, and England against the use of alcohol, in order to enhance the efficiency of their population in time of war, have directed public attention to this subject with unusual force. It clearly appears that the great masses of grains and other materials used in the preparation of alcoholic drinks are much worse than wasted, so far as national efficiency is concerned. Millions of tons of grains, hops, and grapes are every year withdrawn from use as human food, and converted into drinks which are not only not nourishing, but distinctly injurious to the human body under all circumstances, unless largely diluted. The entire annual bill of the white race for alcoholic drinks is worse than wasted expenditure; and that bill is huge in every European and American nation. In the second place, recent experiments on the effects of alcohol on the nerves and glands of the human body have demonstrated beyond a doubt that alcohol invariably does harm, and never any good either in health or disease. The use of alcohol as a defense against exposure or fatigue has been given up by all sensible persons. It diminishes the proper control of the nervous system over the rest of the body, and enfeebles that exercise of the will which we call self-control. The habitual use of alcohol is the prolific source of a great variety of diseases and disabilities in the human body, causes many frightful disasters in human reproduction, and contributes to produce in innumerable instances family poverty and distress. Degradation through the use of alcohol is the greatest evil the white race is suffering from; and the evil has not diminished during the last three centuries, because of the facile production on an immense scale of cheap spirits distilled from grains and potatoes.

This evil is rooted, first, in what are called vested interests—that is, in the investment of large amounts of capital in the plants which produce, store, and distribute beers, wines, and spirits, and secondly, in the methods of taxation to which the

white nations are accustomed. Heretofore the medical profession and the public health officers have given an uncertain sound concerning the use of alcohol. Many physicians themselves use alcohol habitually or in emergencies, and not infrequently advise its use in both sickness and health and in advanced age. Boards of health have not considered it their function to interfere with, or protest against, its use; and most public authorities have declined to interfere effectively with the distribution and consumption of alcoholic beverages. The efforts of legislatures and courts to prevent even the most obvious abuses of alcoholic drinks have, as a rule, been well-nigh futile. Indeed, the habitual action of police authorities and courts in dealing with habitual drunkards cannot be surpassed in stupidity and inefficiency. Arrest is followed by a period of confinement too brief for cure or reformation; a few weeks of abused liberty follow discharge, and then the hopeless round begins again.

It remains for the boards of health to attack this hideous evil with the weapons and in the spirit of preventive medicine. They should bring to the work all recent knowledge concerning the effects of alcohol on the human body, call to their aid legislators who can find equivalents for the public revenue now derived from the manufacture and sale of alcoholic drinks, and reënforce to the utmost the wise counsellors who by moral teachings have brought about during the past fifty years considerable improvements in regard to the use of alcohol in the more intelligent and conscientious classes.

The next subject to which boards of health should direct their activities is the cure and limitation of venereal diseases. These diseases are the worst which afflict the human race in their effects on the individual sufferer, on the community of to-day, and on its posterity. They are, in the first instance, the result of lust in men; but they can be communicated to innocent persons and to generations yet unborn. There are no trustworthy statistics concerning the prevalence of these diseases among persons who are apparently in health, such

statistics as exist being generally founded on observation of persons not in health—such as hospital patients and the men and women who resort to out-patient departments and dispensaries, because they are in some way suffering. The dreadful military and naval statistics are trustworthy, but they relate to a class of men who live under unnatural and unfavorable conditions. It is certain, however, that the venereal diseases prevail in the community as a whole—sick and well—to a formidable degree, and that they frequently complicate other disorders. Recent discoveries have furnished valuable tests for the presence or absence of these diseases in the human body, and have also supplied the medical profession with means of probable cure prompter and more effective than any previous generation of physicians has possessed. Moreover, various other diseases or disabilities to which the human body is liable, such as general paresis, locomotor ataxia, insanity, and blindness, have been traced to one or other of the venereal diseases, not as an exclusive cause, but as a common cause.

Under these new circumstances, the former neglect of these diseases and the former silence about them have become no longer justifiable. It is quite as much an object for the health authorities of a modern state to search out, register, and treat the cases of venereal disease, as to detect and treat, if need be at public expense, cases of scarlet fever, diphtheria, typhoid fever, or smallpox. The interest of the community in the segregation and treatment of venereal diseases is quite as strong as its interest in the effective treatment of any other of the communicable diseases; indeed it is even stronger, because of the persistence and destructiveness of the venereal diseases and of their transmissibility to other generations.

An inevitable part of this subject is society's treatment of prostitution. Recent inquiries have demonstrated that more than half of the prostitutes in a modern city, or a rural community, are likely to be feeble-minded women. The effective confinement of feeble-minded women, at least till they are

past child-bearing, is, therefore, an indispensable part of the restriction of prostitution and the limitation of venereal disease. Here is an important field of labor for all boards of health and particularly for every state board of health. The public mind and conscience need much enlightening and arousing on this subject. In order to obtain the best results, the coöperation of the family, the physician, the church, and the board of health is necessary. Within the past four years much valuable experience has been acquired concerning the police suppression of prostitution. It has been proved that an honest police force, under the direction of a right-minded commissioner or chief, can suppress public or semi-public brothels, and make it difficult for a casual inquirer to find a prostitute. It has been proved, moreover, that this suppression diminishes the accessibility and the amount of sexual vice, and therefore the profits of commercialized vice, much as alcoholism is diminished by the absence of saloons. Of course, under such circumstances this vice is more or less scattered, and driven to new resorts and devices; but there are also new methods by which the new shelters or channels for vice can be successfully attacked one after another as they develop, with such coöperation as large employing corporations, owners of hotels and apartment houses, the post-office and telephone companies, and the numerous people who are interested in the protection of the neighborhoods in which they live can readily supply. In view of the facts brought out by commissions of inquiry and the police forces of large cities within the past four years, it is impossible longer to maintain that the suppression of public vice resorts does more harm than good. As to toleration of licensed, faintly regulated quarters for vice, it has been abundantly proved in Europe, Asia, and America that there has never been either effective segregation or effective regulation, and that this ancient policy has no value whatever.

It is for the boards of health in coöperation with the medical profession and the courts to apply to these scourges the prin-

ciples of preventive medicine. It is also highly desirable that philanthropic and religious efforts should take a new direction, and that such bodies should use all their forces to prevent boys and girls, or young men and young women, from falling into sin and wretchedness through ignorance. The right giving of the needed information to young people requires knowledge of the subject in parents, teachers, and the leaders of young people in churches, clubs, Christian associations, and social gatherings. It is a work requiring delicacy and reserve, and good judgment concerning time, place, and company; but it is indispensable work in which the medical profession and boards of health ought to take active and serious part.

These two extreme evils—alcoholism and prostitution—are almost always found in close association. In defense of the community, boards of health, licensing boards, and the police need to deal with them, as a rule in their natural conjunction. To disassociate them is to enfeeble both. The assistance of responsible real-property owners is highly desirable, and is often to be had. This conjunction of liquor-selling with vice, however, presents to city and town authorities one of the most difficult of their problems. Whatever success is gained in dealing with the evil of alcoholism—and some success has already been gained and more is in sight—will bear fruit at once in the diminution of sexual vice.

It is clear that total abstinence from alcoholic drinks is far the safest course for adolescents and young people; because alcohol, even in small quantities occasionally, is liable to diminish self-control under sudden temptation. The responsibility of physicians and boards of health in regard to the advice they give to young people on these matters is heavy indeed; and so is their responsibility on the subjects towards legislatures, municipal governments, courts, and state executives. The health authorities and the medical profession should join hands to procure adequate provision in general hospitals and dispensaries for the effective treatment of drunkenness and the venereal diseases, and should see to it

that none but practitioners fully acquainted with the somewhat elaborate technique of the new treatment for those diseases should be allowed to administer that treatment.

The only other subject I can deal with within the proper limits of this paper is the function of boards of health as teaching forces, a function to be exercised through public health officers, physicians and surgeons, trained nurses, dental nurses or hygienists, private societies, printed reports, posters, and circulars, and the public press. The ignorance of the American people concerning individual, family, and public hygiene is vast; and its consequences are deeply to be deplored. Until lately, boards of health gave their attention chiefly to fighting vivid evils which were obviously damaging the public health, just as the ordinary physician devoted himself to curing patients that were already sick. They labored to protect the community from fouled waters, infected or spoilt foods, adulterated drugs, the spread of contagious diseases, and the effects of unwholesome trades. They have lately, like the physician, taken on some preventive functions; and the best of these functions is the giving of instruction and guidance to legislators, public officials, and the thoughtful portion of the population. Through the efforts of private societies and public bodies much instruction has been organized and is under way—as, for example, in the work of physicians and nurses as inspectors in schools and colleges, of the district nurses, of the new dental nurses or hygienists in schools and orphanages, of the social workers who follow to their homes persons treated at hospitals, out-patient departments, and dispensaries, and of the volunteer physicians and paid nurses who teach mothers how to keep their babies well. Nurses or hygienists are doing the greater part of this eminently concrete and practical teaching; and good results already appear in the mortality statistics, and in the remarkable reductions in the number of cases of children's diseases effected in institutions for children which have been under observation during the last six or eight years. The success of work of these

various kinds, already undertaken and in progress, is so considerable that a great extension of the work is emphatically called for. No public expenditure can be as rewarding as well-directed expenditure on the public health; because that is the expenditure which results most directly in increase of both public efficiency and public happiness.

There is one kind of instruction, much needed by the American people, which would illustrate better than any other the desirable preventive functions of health officers and boards of health, namely, instruction concerning diet. The ignorance of the American people concerning the enjoyable, healthful, and productive use of foods is profound; and this ignorance results in immense waste, reduced industrial efficiency, unnecessary ill-health, and shortened life. The ordinary American diet errs gravely in regard to both quantity and quality—particularly in the amount of proteid habitually ingested. In the future the activities of boards of health and health officers should be directed constantly to the giving of universal instruction in the normal feeding of both children and adults and in the nutrition values of the various materials which the markets supply, while not neglecting the protection of the community from unsafe articles of food. Again, a larger proportion of the American people than of any other people needs to be warned by health experts against the destructive effects of luxury and self-indulgence; because a larger proportion has the means of living soft, lazy, and unproductive lives. It is interesting to see how much public instruction about diet is now being given by European governments, in order to maintain the efficiency of the peoples under the stress of war. Americans need that sort of instruction all the time—in fat years and lean years, in good times and bad—and there is nobody to give it with authority except the medical profession and the public health officials.

Massachusetts set an excellent example concerning the teaching functions of boards of health when the Legislature in 1893 appointed a joint board on the improvement of Charles

River consisting of the recently created Metropolitan Park Commission and the State Board of Health. That act with its invaluable results emphasizes the obvious fact that boards of health should be vigorous teachers of sound principles concerning housing, open spaces in cities, parks, garden cities, and air and light in all dwellings, shops, and factories. These are all public health problems, and fields for the demonstration of the power of preventive medicine in promoting the public welfare.

FROM A COMMENCEMENT ADDRESS

[*Physical and Mental Defects in American Education, and the Remedies for Them*, from which this extract is taken, was written by Dr. Eliot for the fourth commencement of Reed College, Portland, Oregon. It was published in the *Reed College Record* in September, 1918.]

A growing desire to protect the population from decay and extinction had induced some of the States, even before the War, to adopt some effective legislative and administrative methods to prevent the spread of the most destructive of all the contagious and transmissible diseases, the venereal diseases. The desire to prosecute the War with vigor has strengthened this tendency. The whole people has been shocked by the revelations which the medical examinations of drafted men have made concerning the prevalence of these destructive diseases in the American communities, both rural and urban. As steps towards military and naval efficiency, wise measures have been taken, for the first time in the history of this country, to protect, temporarily at least, the soldiers and sailors of the United States; but neither Congress nor the State Legislatures have as yet enacted the laws and made the administrative provisions necessary to the defense of the civil population.

Again the vital remedy is educational. In spite of the revelations made during the last ten years, and particularly during the last three years, concerning the prevalence and

horrible effects of the venereal diseases among the American people, the schools, colleges, and churches of the country have done practically nothing to direct the attention of pupils, students, and parents, to the need of defensive measures against these worst of scourges, and to the elements of the defense. So dense is the popular ignorance on this subject that the voters cannot be expected to require their representatives to pass the needed legislation; and the legislators themselves have been up to this time unwilling to do so, in spite of the urgency of the larger part of the medical profession and of most public health officials and heads of hospitals, dispensaries, and penal institutions. To obtain adequate public action for the prevention and treatment of these diseases, and for the isolation of contagious cases, is apparently a matter which the educational forces of the country must deal with unanimously and energetically. Not only must all the children and youth of the country be made acquainted with the need of a great public reform in this respect, but they must be taught whatever amounts of chemistry, physics, and biology are needed for a comprehension of the nature of the evils and of the remedies for them. There are many other motives for teaching these scientific subjects adequately in the public schools, but none of them is stronger than this reason. Furthermore, the reform cannot be made complete and the community rescued from the progressive physical deterioration which afflicts it, unless the educational forces of the community, including the churches, lead the people to a fundamental moral reform, namely the single standard in regard to chastity—a standard which heretofore has been widely applied to one sex but only very narrowly to the other. Knowledge, coöperative discipline, and self-control are the ultimate safeguards. The War has taught us that to find and apply the remedy for these horrible evils is a great national interest. It will remain a national interest of the most intense sort when the Great War at last ceases. Every successful effort which the National Government makes in this direction

during the War should be continued and developed when peace at last comes, and the same is true of the States and municipalities. To promote these results is the duty of every educational force in the country, but particularly of the medical profession as public teacher.

PRESENT AND FUTURE SOCIAL HYGIENE IN AMERICA

[An extract from a paper contributed by Dr. Eliot to the *International Journal of Public Health*, January-February, 1921.]

The term Social Hygiene came into use in America through the titles of certain incorporated private societies, one national and a few chartered by states. The term got associated in the public mind chiefly with two subjects, namely, prostitution or commercialized vice, and the treatment and prevention of venereal diseases. The establishment of these societies and the organizing of their work was due mainly to the conscientious and public-spirited labors of a few physicians whose practice had made them familiar with the horrible effects of the venereal diseases on ignorant and irresponsible young men and on innocent women who were infected by their husbands. But the private societies soon took on preventive work in which social workers and benevolent men and women interested in the promotion of the public health took an active part. . . .

The objects which these various agencies pursue are no longer limited to resistance to prostitution and the venereal diseases; and their work, which at first had to be carried on with the utmost reserve and even privacy, has now become open and public, particularly in its educational features. It already includes support of all measures to deliver the American people from the evil effects of alcoholic drinks, including nation-wide prohibition thoroughly taught and effectively enforced. It is reaching out to the great subject of industrial

medicine which has been hopefully developed by a few progressive physicians in coöperation with some large manufacturing corporations, but has so vast a compass that only national and state authorities can promptly secure the great gains it promises for the industrial population. There is still urgent need of steady advocacy of the single standard of chastity for men and women, and of like treatment by police authorities of the men and women arrested together in the resorts of sexual vice.

Still another subject concerning public health should be promptly brought within the scope of the new national and state health authorities, the great subject of wholesome housing. . . . The problem concerns many millions of the American people, whose housing under the factory system has become very bad in respect to lack of light and air, crowding, and deprivation of land for each family to cultivate. The tall urban tenement-house, where ground is dear, cannot be made a proper habitation for human beings and especially for children, unless placed on wide streets and near public gardens or parks. It is indispensable to the health and vigor of the industrial population that factories should be hereafter built in suburbs or the country, and that those who work in them should be provided with wholesome, convenient, and enjoyable houses, with a garden-plot for every family.

Pioneering researches made by physicians who habitually give their attention to mental diseases and by heads of hospitals for the insane and of schools for the feeble-minded have demonstrated beyond a doubt that in the interest of the community much more public expenditure should be made on the detection, selection, and segregation of feeble-minded, defective, and criminally-minded children and adults than has heretofore been practiced in the United States or in any other nation. This diagnosis and the consequent segregation are needed in all schools, prisons, relief and rescue societies, public dispensaries, and hospital out-patient departments, and in all courts which deal with errant children, habitual drunkards,

and insane persons either harmless or dangerous. The segregation of such diseased or defective persons should be so complete that breeding by them would be prevented. At the same time the persons so segregated should be provided with the means of doing whatever productive labor they are capable of, since manual labor is generally agreeable and beneficial to such unfortunates. Some new legislation will be needed in the United States before this urgent reform can be effected; and therefore the ordinary voters and their representatives in legislatures must be convinced by all kinds of public instruction and discussion that this direction of public expenditure is economical as well as merciful, and will contribute greatly to the improvement of public morals and public health. This need of new legislation is by no means confined to the United States of America.

In the general field of public hygiene there is another object of public expenditure a democracy which offers an attractive prospect of service, namely, the study of healthy conditions of employment in the modern industries. It is not an exaggeration to say that little is known about the expedient number of hours for a man or woman to work per day or per week in the mining and manufacturing industries, or even in agricultural employments, if due regard is to be paid to current health and enduring capacity for labor.

For a hundred years past there has been a tendency to diminution in the number of hours spent per day in fatiguing employments; but this reduction has been brought about in the crudest possible manner without any accurate knowledge, much less demonstration, of the wholesome number of working hours per day in the great variety of different trades or occupations which modern industry offers. It would seem as if the number of hours of work per day or per week should vary, for example, at the different seasons of the year in seasonal trades; that they should be fewer in indoor work than in outdoor, fewer under-ground than above-ground, and many fewer in occupations in which the work has no possible inter-

est and quickly becomes automatic routine for the operative, than in occupations which involve only free hand-work which may change from hour to hour or from day to day. Nobody knows whether the work of the world can be carried on successfully, that is, with the best results for human comfort and enjoyment, on a universal six-hour day or an eight, or any other fixed and uniform number of hours. Nobody knows what the best way is of giving every workman one day's rest in seven in the industries which must be continuously operated, like a blast furnace, or a railway, although almost everybody believes that there should be one day's rest in seven. Nobody knows that in the best bodily and mental interest of workmen and their families daily or weekly wages should be identical in any given trade all over one national domain, in spite of the fact that the trade is carried on in many widely separated places, under different climatic conditions, and with dissimilar surroundings as regards educational facilities, natural beauty, and home attachments. Yet trades-unions generally advocate uniform wages per nation and per trade or the subdivisions thereof.

There is therefore need of numerous careful researches, to be made of course by impartial experts under competent direction, as to the wholesome number of working hours per day or per week in a great variety of dissimilar occupations. These researches cannot well be performed by private individuals; because the mere collection of the needed material would require public authority, and also because the general acceptance of the results of the researches would depend on public belief in the wise selection of the men who made them. These men would have to be selected for proved capacity and character by public authorities who were believed to be impartial, disinterested, socially minded, and judicious. There is no juster or more promising field for the expenditure of public money than this field of industrial research; and it is essentially a field belonging to social hygiene, or in other words to public health and human conservation.

FROM OUR FILES

The letters here gathered were written when Dr. Eliot was in the decade between eighty and ninety. At that age most men and women have retired from active participation in affairs. Dr. Eliot's interest in social hygiene was as keen, his judgment as incisive, his opinions as stoutly delivered, as in the days when the social hygiene movement and he were both boldly pioneering and both being called radical. His advisory relation, though honorary, was real. Into his nineties he continued to lend the Association a judgment as vigorous as youth and much more wise.

When the Panama-Pacific International Exposition was about to be opened in San Francisco the Association became interested in moral conditions in the city, particularly as affecting the Exposition and its multitudes of visitors. Dr. Eliot was then President. In a letter of February 18, 1915, he looks, as always, through the immediate question and into the principles involved.

I should not suppose that an investigation started in March, could arrive at any results worth publishing in less than six months. You might, however, be able to help in the investigation, if you arrived in San Francisco about April 20th. Our Association ought not to make a hasty and incomplete research, in the hope of publishing it in time to influence the morals of San Francisco during the Exposition. Does not our information go to show that all the Association can do is to use "wide-open San Francisco" as a warning to other communities? The real object of the Association will be to improve the state of public opinion about the relation of the vices to active business in San Francisco and elsewhere. No sensible man ought to believe that any of the vices increase public efficiency in any industry, trade included.

In March of 1915 Dr. Eliot decided to resign the Presidency of the Association, which he had held from the time of the incorporation in 1914.

Cambridge, Mass.

16 March, 1915.

TO THE AMERICAN SOCIAL HYGIENE ASSOCIATION:

I hereby resign the office of President of the American Social Hygiene Association.

I have already held that office longer than I intended, at the time that the combination of the American Vigilance Association and the American Federation for Sex Hygiene was proposed, and later effected.

My withdrawal from the office with which I was then honored does not indicate that my interest in the work of the new Association has declined. On the contrary, I have a stronger interest in the work of the Association, and a firmer faith in its usefulness than ever before. I resign because I am not able to give to the Association the time and thought which the presidency properly demands.

Hoping that a president can be found who lives in New York City, and can give active support and guidance day by day in its affairs, I am, with high respect.

Sincerely yours,

CHARLES W. ELIOT.

He consented to remain among the officers of the Association, however, accepting the title of Honorary President. In that office he continued until his death.

That Dr. Eliot spoke sincerely in saying he had a stronger interest in the work of the Association than ever before did not lack immediate proof. Less than a week after his resignation as President came this letter, interesting especially for its friendly way of talking things over and working out a thought.

Cambridge, Mass.

22 March, 1915.

DEAR DR. SNOW:

. . . I hope you are taking sensible precautions against breakdown,—that is, I hope you get every day some exercise in the open

air, and eight hours' sleep, and eat plain food in moderation, and keep a serene spirit.

Social hygiene work is developing all the time; and the urgent need for it is being more and more recognized.

From your point of view, what should be the main points of attack in a well-directed campaign? To my thinking, they are as follows:

Tuberculosis
Alcoholism
Venereal Disease
Commerce in Vice
Segregation of Defectives

Could we advance the cause by insisting now that neither the State nor private persons shall make any profit on the sale of alcoholic drinks? Can we successfully advocate the absolute suppression of pimps, panders, and madams? In Boston the police have gone far to suppress public establishments of prostitution. One effect of their activities has been that appointments for vicious purposes are made by telephone in offices which apparently are maintained for innocent purposes; and the meetings take place in second-class hotels and apartment houses. It seems to me to be an improvement to diminish the publicity of vice; but some maintain that venereal disease is spread quite as much under the new method as under the old. Have any trustworthy statistics on the prevalence of venereal disease been already secured in New York hospitals? If so, have they been published, or can they be obtained for publication, without using the name of the hospitals?

I ask these questions, because I am proposing to address a Public Health meeting at the end of April.

Sincerely yours,

CHARLES W. ELIOT.

The Public Health meeting at the end of April was a meeting of the Massachusetts Association of Boards of Health. Dr. Eliot's address, "The Main Points of Attack in the Campaign for Public Health," is printed elsewhere in this JOURNAL.

The next letter is quoted for its warm appreciation—personal, and yet with a quality that makes it larger than per-

sonal. The same quality of being larger than personal is in Dr. Snow's reply.

Cambridge, Mass.

8 November, 1920.

DEAR DR. SNOW:

The plans for an All-America Conference on Venereal Diseases and an Institute on Venereal Disease Control and Social Hygiene, in Washington, November 22 to December 11, seem to me altogether admirable. What extraordinary progress has been made in social hygiene since you came from California to the service of the American Social Hygiene Association. I hope that you and Dr. Thomas A. Storey are content with your part in it.

Sincerely yours,

CHARLES W. ELIOT.

November 11, 1920.

MY DEAR DR. ELIOT:

You will know how deeply I appreciate your kind letter of November 8th. I may say that I am content with my part in the progress which has been made in the social hygiene movement; that is to say, I have done what I could, and have found the activities which have presented themselves extremely interesting. I believe we now have a firm foundation built up about the cornerstone which you laid during your presidency. I trust you too feel content with the development of this movement, which without your farsightedness and generous contribution of time and influence could not have been crystallized into the national movement which it has become.

When plans have developed a little further, I want to secure your advice about a step toward a still larger correlation of volunteer activities. We now have under consideration the establishment of a national health council, to comprise such organizations as this one, the Mental Hygiene Society, the Tuberculosis Association, the Child Welfare Council, the International Health Board, and other organizations of like character, together with a council of health and education of the American Medical Association and the American Public Health Association.

Sincerely yours,

WILLIAM F. SNOW,

General Director.

Both Dr. Eliot and Dr. Snow knew what pioneering meant.

Cambridge, Mass.
15 February, 1922.

DEAR DR. SNOW:

In reply to your letter of February 10th let me say that in my statement to the effect that "under democratic government private persons and private institutions must do most of the pioneering in education, public health, and industrial relations" the emphasis is on the word "pioneering". Must it not always be the case in science, art, and religion that private individuals must have the vision and private institutions must take the risks of experimenting on new processes? Under autocratic forms of government one can imagine a ruler, who has both vision and beneficent purpose, putting far-seeing plans into practice; but a democracy cannot be expected to authorize novel experimentation, or to spend money, except in rare instances, on research or on experiments of uncertain issue. On the other hand, it is an enormous advantage of democratic government that it leaves each individual free to do his best for the public welfare. That is the reason that the United States has got on better than any other country during the past one hundred and forty years.

Sincerely yours,

CHARLES W. ELIOT.

A new book was about to come out. Dr. Exner wrote to Dr. Eliot telling him about it.

We are about to put into book form a manuscript of which we have already used two small mimeographed editions in temporary bound form, mainly, so far, for the use of study groups of community leaders. Its tentative title is "The Community and Its Youth".

The book has been prepared by my associate, Dr. T. W. Galloway, with a good deal of care and it has passed through the mill of criticism by members of our staff, members of the Board of Directors and a considerable group of educators, and, lastly by a group of leaders who had actually used it with study groups. It has undergone several revisions. The copy which we are sending you does not embrace the final modifications which are now being made but it will serve to indicate to you its essential scope and contents.

Dr. Eliot's reply had a fellowcraftsman's understanding.

The way in which the book has been prepared and improved through use of it in teaching commends it to me strongly. That is just the way in which Eliot and Storey's Manual of Inorganic Chemistry was prepared and improved in 1866 and 1867. That book had a long life, and did a good bit of pioneering work. I hope that Dr. Galloway's book will render even greater service; because its field is much more important to American society and the future of the white race.

The next letter concerns a pamphlet which is probably familiar to most members of the Association and readers of its publications.

Cambridge, Mass.

March 13, 1924.

DEAR DR. BIGELOW:

I have just read with great satisfaction and admiration your paper read at St. Louis on November 6, 1923, entitled "The Established Points in Social Hygiene, 1905-1924". It is sound and clear from beginning to end; but I especially enjoyed your Points 6, 16, and 21, and your Conclusion.

I miss from your statement the fact that proper sex-education has to encounter at every turn the horrible teachings in regard to the nature of God and man which both the Jew and the Christian have based on the degrading stories, tales, or myths contained in the Jewish-Christian Bible, the worst of these human inventions being the doctrine of "total depravity"; but I dare say you are right, as a matter of expediency, in avoiding all reference to that deplorable fact.

The March *Atlantic Monthly* contained an article by me entitled "The Great Religious Revival". In that article I said in these days it is expedient to use both the Old Testament and the New Testament in a selective way, utilizing the good sayings, and avoiding the bad ones. Hence, at once many letters to the *Atlantic Monthly* and some direct to me, denouncing me as an impious or blasphemous person.

In your paper you twice mention Dr. Prince Morrow, but only in incidental way. Has adequate notice been made somewhere of the great services of Dr. Morrow to social hygiene education? If such adequate mention has been made, I either failed to see it or have forgotten it.

Sincerely yours,

CHARLES W. ELIOT.

The commended paragraphs are these:

POINT No. 6.—Sex education in schools should be presented through other subjects or courses. Since sex education is but a phase of health education and character education, most instruction and guidance intended for the building up of wholesome attitudes and habits and ideals regarding sex should be developed as integral parts of the general educational program. The facts of life which directly or indirectly concern sex should not be taken from their normal settings and organized into separate courses of study known as "social hygiene" or "sex education." On the contrary, the subject matter and regular courses in biological and social sciences, physical education and hygiene, household arts or home-making, general literature, and psychology offer many natural situations for dealing with fundamental facts and problems of sex.

POINT No. 16.—The earliest instruction that looks towards social-hygiene education is nature-study and biology. The life-histories of plants and animals, as taught in the best nature-study and biology of our schools, are important in forming attitudes towards sex and reproduction and in giving a basis for simple and truthful answers to children's questions as to the origin of the individual human life. It is not claimed that biological studies can possibly have a direct moral value. They give a natural basis for later approach to human problems. In fact, it is only by frankly recognizing and developing the psychical and social and esthetic meanings of sex that are distinctly human and superadded to the merely propagative function of the animals, that people can be led far away from the almost universal secrecy, disrespect, vulgarity, and irreverence concerning every aspect of sex in human life. Sex instincts and processes are essentially pure and beautiful phases of that wonderful something we call "life." Sex education should aim to give the esthetic attitude by presenting life as fundamentally free from the degradation arising from the common misuse and misunderstanding of the sexual nature.

POINT No. 21.—This is the last and, in importance, first of the established "points." Social-hygiene education stands for the protection, preservation, extension, improvement, and development of the monogamic family, based on accepted ethical ideals. The American sex-education movement, as stated before, aims to educate young people

to control and manage the sex instinct for the purpose of securing the greatest social, which includes individual, health and happiness. The monogamic ideal of morality or sex relationship stands for a great good available in our life. Monogamic idealism or supermorality is the greatest good within our present vision, for it means the fullest development of the possibilities of friendship and affection, which in human life have been superadded to the biological reproduction of the highest animals. In short, the whole American sex-education movement, as distinguished from certain mere sex-information or sex-hygiene campaigns, centers in the greatest good or well-being which may come to individuals and society from sex life culminating in affection as the basis for the monogamic family.

CONCLUSION.—We have reviewed 21 “points” concerning the aims and the demonstrated results of social-hygiene education as it now stands after nearly 20 years of honest trial. We believe these points to be firmly established and the accepted guides for social-hygiene education as its leaders are now planning its future progress. Twenty years of study and trial have developed the fundamental principles and ideals of social-hygiene education. The next task is to make its ever-necessary lessons available to all young people of the generations that are to come.

On March 12, 1924, at a meeting of the Board of Directors of the American Social Hygiene Association, the following resolutions were adopted:

WHEREAS: Dr. Charles W. Eliot, Honorary President of the American Social Hygiene Association, will attain his ninetieth birthday on March 20, 1924, at which time representatives from the social, business, and professional worlds will meet to do him honor; and

WHEREAS: His notable and numerous contributions to the principles and practice of social hygiene have been of the greatest value in advancing the aims of the movement; and

WHEREAS: From the founding of the American Social Hygiene Association he has served constantly, first as its President and since as its Honorary President, and has given his counsel and devoted his energy freely with no motive save that of disinterested service to mankind; and

WHEREAS: We, in common with all of the great body of men and women throughout the world who realize the value of this service, welcome this opportunity to join in a universal tribute; be it

RESOLVED: That we, the Board of Directors, on behalf of the American Social Hygiene Association, hereby express hearty and sincere congratulations to Dr. Eliot on this occasion, and that we extend to him our earnest hope for further years of usefulness and happiness; and be it

FURTHER RESOLVED: That a copy of these resolutions be incorporated in the minutes of the Board and that a copy be sent to Dr. Eliot.

On the 19th of March, the eve of the birthday, this telegram was sent:

The American Social Hygiene Association welcomes this opportunity to join in the universal tribute to you on your ninetieth birthday. Your devoted and disinterested services first as President and since as Honorary President of the national association have been of the greatest value in advancing the social hygiene movement, nationally and internationally. Accept our sincere and heartfelt congratulations.

(Signed) AMERICAN SOCIAL HYGIENE ASSOCIATION
By Its Board of Directors.

EDITORIALS

A FIRM FOUNDATION

In devoting this issue as a tribute to the memory of Dr. Eliot the Editorial Board felt that it might, in some small way, indicate the value of his guidance to the social hygiene movement. The aims which he and his associates set have been adhered to consistently, and the continuity of progress speaks for itself.

A false and illogical double standard of morality is rapidly giving way to a high single standard; the policy of attempted official reglementation as applied to prostitution is no longer recognized as sound procedure in this country; the diagnosis and treatment of syphilis and gonococcus infection are now almost wholly in the hands of reliable official health agencies or of competent private physicians; the protection of youth in recreational pursuits is being cared for by both official and voluntary groups; and the character-building program of honest, sound sex-education in home, church, and school has advanced far more than Dr. Eliot and other pioneers expected in so short a period as the twelve years' life of the National Association.

It seems safe to venture the assertion that in no field of public health or welfare are there problems of greater difficulty or more complexity than in this of social hygiene. It has suffered from the many under-informed and over-enthusiastic persons who have spoken in its name. It has been misinterpreted by many writers whose zeal surpassed their knowledge. It has been neglected in some communities because other easier—though less important—activities have been given earlier attention. But despite these handicaps there has been a steady and noteworthy advance along the entire front.

From the time of his acceptance of service as President of the newly-founded American Social Hygiene Association, a

mere twelve years ago, up to his death, Dr. Eliot had seen the virtual abolition of "red light" districts in the United States, the elimination of the venereal disease charlatan with his vicious methods, the organization of hundreds of social hygiene committees throughout our country, a freer, franker and better-informed public opinion on outstanding sex problems, and, both here and in other countries, a far wider and more rapid acceptance of the principles for which he stood than even he had anticipated when he enunciated them.

Social hygiene is a continuing tribute to those who supervised its solid foundations and the rearing of its structure. The workers on this edifice must so serve that, when each annual summary of achievements is recorded, it will be worthy to receive the benediction, "Noted with satisfaction. Charles W. Eliot."

EXPLOITING "ART"

There has been a striking increase in the display and sale of so-called "art" magazines and "studies" on news stands during the past year or two. Photographs of nude subjects are now dealt in on a wider scale than was noticeable formerly and from the prices charged for cheap illustrations on inferior paper stock it is evident that the profit from this traffic is large.

Copies of famous paintings form part of the stock in trade of those who are exploiting this business, but a greater share of the pictures purport to be photographs of living models.

The beautiful in art is worthy of a proper place in the public eye, but many of the present crop of tawdry "art studies" are neither "art" nor "studies," unless it be that the naked human figure is inherently an object of beauty and inspiration—no matter what the pose.

Those who trade in this type of material attempt to justify their business on the ground that the body—being a natural and normal entity—is a logical and fitting subject for public view. Civilized society, however, has placed limits, bounded

by refinement and decency, both on the public exposure of the body, and on the public performance of such health habits as bathing and certain other normal and natural functions.

Will not some way, other than that of official censorship, be found whereby a fair line can be drawn and maintained between what is artistic and what is pornographic? If not it will be well for many travelers to "see America first" from this standpoint of news stand art before criticizing too severely the abuses in some foreign cities. Here is dirt on our own doorsteps, and neither official "white-wings" nor voluntary sweepers are wielding effective brooms at present.

SOCIAL HYGIENE BULLETIN

*Continuing the SOCIAL HYGIENE BULLETIN which was published
as a separate monthly periodical from 1914 to
December, 1922, Volumes I-IX*

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Venereal Disease Control in the Province of Quebec.—In an address before the Canadian Health Congress, May 7, 1926, Dr. A. H. Desloges, general medical director, Hospitals for the Insane, Reformatories, Industrial schools, and Acute Venereal Campaign, Province of Quebec, talked of the work that had been done by the Canadian Social Hygiene Council for the last five years, in its fight against venereal diseases.

He showed how the ecclesiastical authorities, and the priests and pastors, without exception coöperated with the Council in its work. Authorized physicians were invited to give lectures in almost every parish of the Province. These lectures were made more interesting through the use of films, the lecturers commenting extensively while they were being shown on the screen. The audiences were made to realize the importance of prolonged treatment so as not to be liable

to incur the immediate and ultimate consequences of venereal disease. These lectures were given to men, women, girls and boys separately. The following table indicates to some extent the progress made in getting cases under treatment:

	1921	1922	1923	1924	1925	
New patients admitted in						
clinics	4,970	7,513	7,773	8,809	9,446	
Treatment administered in						Grand Total
clinics	50,503	67,742	99,286	105,401	119,259	442,191

The following figures indicate what has been accomplished in the different centers of treatment and the two laboratories of the Division of Venereal Disease of the Province of Quebec, during 1925: 31,577 patients presented themselves to the different centers of treatment; 9448 were new patients. Altogether 119,259 treatments were administered, of which 61,555 were arsenical and other injections.

The new cases of syphilis numbered 2974, of which 659 were primary and 996 secondary cases, the balance being classified as tertiary 542, latent 444, nervous 196, and congenital 137. The 659 primary and 996 secondary cases give a total of 1655, or 59 per cent of the new cases of syphilis. This large percentage, Dr. Desloges said, indicated more than ever the necessity of continuing the campaign against venereal diseases.

The new cases of gonorrhea numbered 3482. This total compared with the total of new cases of syphilis would leave one under the impression that the cases of gonorrhea are rather scarce in the province. But the total does not show the exact number of gonorrhea cases, many of which are not treated at the clinic, the patients being treated privately, or taking personal treatment, and after a few weeks thinking themselves cured, continue to spread the disease among the population.

The balance of the new cases, taking away the syphilis and gonorrhea cases, represent soft chancre and non-venereal cases, and also patients who come to the clinic to ascertain through an examination before contracting marriage, whether they are cured or not.

In most of the Quebec general hospitals, lying-in hospitals, hospitals for children, for insane, sanatoria for tuberculous patients, and the laboratories furnished the Canadian Social Hygiene Council with the following figures:

General hospitals	6011 reactions	1542 positive
Lying-in hospitals	1258 "	82 "
Hospitals for children.....	451 "	43 "
Sanatoria for tuberculous.....	958 "	82 "
Jails.	1301 "	486 "
Reformatory schools	49 "	4 "
Insane hospitals	1233 "	267 "
Other clinics and hospitals	272 "	57 "

The figures relating to the Hospitals for children are not exact because it is a known fact that in most cases of congenital and infantile syphilis the Bordet-Wassermann reaction is negative.

The effect of the educational and scientific propaganda was most satisfactory, said Dr. Desloges. Several practitioners reported a diminution in the number of their venereal patients, whereas specialists register an increase. The patients evidently have been made to realize better the gravity of their state. The patients now consult their physician at the beginning of their disease, and secondary symptoms and classic lesions are now very scarce.

The Council plans a campaign for the near future on infantile syphilis. This question will be taken up at the Congress of the French Speaking Physicians of North America which will take place in Montreal, September, 1927.

Suppression of Traffic in Women and Children.—The Preparatory Conference on the Suppression of Traffic in Women and Children took place on September 1st and 2nd in Copenhagen, in response to an invitation from the Danish National Committee. Delegates were present from the International Bureau, Danzig, Denmark, Germany, Great Britain, Holland, Norway, Poland, Spain, Sweden, Switzerland, and the United States. The delegate from the United States was Dr. William F. Snow. The business of the Conference was to select from 21 questions proposed for the consideration of the Congress to be held in London in June, 1927, a number small enough to be adequately considered. The questions finally accepted were as follows:

1. Definition of "Traffic" for administrative purposes: Should procurement constitute traffic? (Based on suggestions from Danzig, Great Britain, and International Bureau.)

2. Employment abroad: Theaters, music halls, variety entertainments, cinema productions, etc. Should permission to take up any employment abroad be contingent, between certain age limits, on a satisfactory report from consular authorities as to bona-fides of employees? (Question to be redrafted by Inter-

national Bureau. Based on suggestions received from Belgium, Danzig, Denmark, Great Britain, Hungary, and Spain.)

3. Prostitutes: Assistance to foreign prostitutes expelled from licensed or tolerated houses; undesirables departed in other circumstances, what becomes of them, can they be assisted? Restoration to normal life of fallen women in general; possibility of State action against prostitutes linked with employment bureaus and medical and educational institutes to assist them? (Question to be redrafted by the International Bureau. Based on suggestions from Canada, Denmark, Great Britain, Holland, Poland, Spain, and U. S. A.)

4. Obscene Publications: International coöperation, both official and unofficial, in the suppression of obscene pictures and literature; coöperation between National Committees and Government Bureaus; newspaper advertisements, illustrative and reading matter of the borderline and suggestive description. (Based on suggestions from Great Britain, Holland, International Bureau, Poland, and Switzerland.)

5. Consideration of action to prevent the maintenance of brothels wherever they may be. (Suggested by Germany.)

6. National Committees: Extension of their work to respective colonies? (Suggested by Holland.)

Four other questions were accepted for inclusion in a composite question to be considered at the Congress as a supplementary question if time permits, such composite question to be drafted by the International Bureau:

1. Passports: Should they be given to known prostitutes or sauteneurs? (Suggested by Poland and U. S. A.)

2. What international measures should be taken to care for women and girls excluded when far from home from entry into foreign countries or who are deported therefrom to the country of origin? (Suggested by U. S. A.)

3. International immigration: Means of extending the facilities and usefulness of international immigration service. (Suggested by Poland and U. S. A.)

4. International Travel: Should the fact of marriage deprive minor girls of the various measures devised to protect women from the hazards of international travel? (Suggested by U. S. A.)

Results of the Crusade Against Syphilis in Belgium.—M. Bayet has presented to the Academy of Medicine of Belgium a communication on the organization and results of the crusade against syphilis. Professor Bayet holds the view that syphilis is retrogressing at a rate that justifies the belief that it will eventually disappear from the world. He believes that to decrease by three-fourths or four-fifths the duration of the contagious period of syphilis is the same thing, as far as dissemination is concerned, as if one decreased by three-fourths or four-fifths the number of persons with contagious syphilis. The prophylaxis of venereal diseases must, therefore, consist primarily in

rendering the disease carriers noninfective. Through better and more treatment this can be accomplished. The coöperation of the whole medical profession and gratuitous furnishing of medical care and drugs is essential.

He showed that the public health service had devoted large sums of money to the work and that the "Ligue Nationale Belge contre le Peril Venerien" has been carrying on a publicity campaign of lectures, talks and motion pictures. The results of this work are to be seen on every hand. In the army, syphilis, which reached its height during the years 1918, 1919 and 1920, has decreased regularly until the number of new cases is almost nil. Also among the civil population the proportion of recent cases of syphilis compared to the total number of cases of syphilis has diminished greatly. In 1920 the proportion was 25 per cent and for 1923 it was 12 per cent. In Brussels this decrease has been even more marked—from 23 per cent to 9 per cent. In Antwerp, the percentage in 1920 was 34 per cent and in 1925, 16 per cent. In Liege the percentage has fallen from 34 per cent in 1919 to 12 per cent in 1924.

Nurses to Receive Instruction in Social Hygiene.—The *Health News* of the New York State Department of Health reports that the State Department of Health recently offered to detail the nurse on its staff to approved training schools for nursing to lecture and to discuss the problems of social hygiene that confront the nurse. Within a fortnight after circularizing the schools, forty-two progressive institutions in thirty-four communities expressed a desire to coöperate in this educational work.

The nurse who will give the talks and conduct the round tables has had several years' experience in the control of syphilis and gonorrhea. She is familiar with the successful methods for combating these diseases from a public health viewpoint and is able to treat the subject in a thoroughly practical way.

Marriage and Syphilis.—At a meeting of the Medical Society for the Study of Venereal Diseases held in London, March 26th, the question of marriage and syphilis was discussed. Dr. G. Riddoch said in part that it was not sufficient to answer the patient's question as to whether or not he was infectious and liable to transmit the disease. There was the further question of whether the disease was likely to incapacitate him as a wage earner later on, say fifteen years hence. Dr. Riddoch

stressed the necessity of thorough clinical examination of the patient, pointing out one case where a man aged 35, who had had a chancre twelve years previously and had been treated, not very efficiently, was assured by three separate syphilologists that it was safe for him to marry; his blood was Wassermann positive. Three months after marriage he was found to be the subject of marked tabes. Dr. Riddoch advocated as a safeguard against error more than one Wassermann test.

On the other hand, an ultracautious attitude, he said, was liable to breed syphilophobia. Dr. Riddoch's view was that if a man had had syphilis and it had become generalized, he ought to have treatment for the remainder of his life; otherwise he could not be said to be free from infectivity nor from the risk of remote complications. Finally Dr. Riddoch raised the question of the fate of offspring of syphilitic parents who were supposed to have been cured before marriage; also as to the treatment which could be considered safe and efficient to insure the patient freedom of mind.

Venereal Diseases in New Haven.—The annual report of the Health Department of the City of New Haven reports that there were 6505 visits to its municipal clinic during the year ending December 31, 1925. Of these 5484 were for treatment, the remaining 1021 for advice or diagnosis. This represents an increase of over 15 per cent. The number of doses of neoarsphenamine given of course shows a corresponding increase. The diagnosis in the greater number of cases continued to be syphilis. Dr. M. J. Strauss, the director of the clinic, attributes this condition to the fact that adequate and competent treatment for this disease is expensive and for that reason patients come to the clinic who would not under ordinary circumstances be dispensary patients. A new and very flexible method of listing cases under treatment has been installed. This is of great assistance in follow-up work, as it gives the clinic an immediate warning when a patient omits treatment even for one session.

New Social Hygiene Worker.—The Ohio Hygiene Council announces the appointment of Miss Caroline Clark of New York and England as field worker. Miss Clark succeeds Miss Permelia Shields, who resigned last June to take up work with the Bureau of Social Hygiene

of the Cleveland Health Council. Miss Clark will address groups interested in social hygiene problems in Ohio, and will help to organize social hygiene locally. Previous to her coming to New York, she had been engaged in social hygiene work in England since 1918. In London she was for some time associated with Carteret House as a nurse social worker.

Prizes for Research on Venereal Diseases.—The French Ligue contre le peril venerien offers a prize of 5000 francs for the best work presented on heredo-syphilitic psychopathies in children and adolescents, and their share in juvenile delinquencies. A similar prize will be given for the best work on the association of syphilis and tuberculosis in bone and joint disease. A further prize of 20,000 francs will be awarded to the one making the most important discovery in the field of venerology during 1926 and 1927. The headquarters of the league are at Rue de Lisbonne 44, Paris. The competing works must be received before October 1, 1928.

ASSOCIATION NOTES

Atlanta, Georgia, has been chosen by the American Social Hygiene Association for this year's regional conference on social hygiene, which will take place from November 18–20, 1926. The conference will provide an opportunity for physicians, public health officials, nurses, educators, and social workers to learn what has been accomplished in the social hygiene field in the past year and to formulate plans for future work. The conference will open with a general meeting on the evening of November 18th. There will be round table discussions, a luncheon meeting, and a number of sessions devoted to special subjects such as legal and protective measures, medical measures, and educational measures in social hygiene.

Another convention in Atlanta at this time will be that of the Southern Medical Association, where annual meeting will be held just prior to the social hygiene conference. This was planned so that busy physicians, public health workers, friends, and members of both groups might have the opportunity of attending sessions of the two conferences within the short time of one week. Dr. William F. Snow, General Director of the American Social Hygiene Association, has been invited to address the general session of the Southern Medical

Association on *The Physician and the Venereal Disease Problem* in 1926.

The program which follows is as yet subject to change.

ANNUAL REGIONAL CONFERENCE ON SOCIAL HYGIENE

1926

Headquarters—Atlanta Biltmore Hotel

Atlanta, Georgia

November 18–20, 1926

All meetings held in Hotel Biltmore

THURSDAY, NOVEMBER 18TH

Opening Meeting, 8:15 P. M.

- Chairman.....Edward L. Keyes, M.D.
 President, American Social Hygiene Association, New York, N. Y.
 Professor of Urology, Cornell University, Medical School
- The State Health Program.....T. F. Abercrombie, M.D.
 State Health Commissioner, Atlanta, Georgia.
- Social Hygiene and Public HealthThomas Parran, M.D.
 Assistant Surgeon General, U. S. Public Health Service, Washington, D. C.
- What Social Hygiene Means to Community Betterment.....Ray H. Everett
 Director, Department of Public Information, American Social Hygiene
 Association
- Building for To-morrow—and To-day.....Mrs. Anna Garlin Spencer
 Special Lecturer, Columbia University, New York, N. Y.

FRIDAY, NOVEMBER 19TH

Morning Session—Legal and Protective Measures

9:15 A. M.—12 M.

- Chairman.....George E. Worthington
 The Promotion of Social Welfare Through Legal Measures. George E. Worthington
 Acting Director, Department of Legal Measures, American Social
 Hygiene Association
- What Should Our Probation Standards Be?.....Charles L. Chute
 General Secretary, National Probation Association, New York, N. Y.
- Protection of Youth Through Social Organization.....Valeria H. Parker, M.D.
 Director, Department of Protective Measures, American Social
 Hygiene Association

Luncheon Session—Social Service in Medical Measures

12:15—2:15 P. M.

- Prevention or Salvage: Which Offers More?.....Rachelle Yarros, M.D.
 Chairman, Social Hygiene Council, Chicago, Illinois.
 Professor of Social Hygiene, Medical Department, University of Illinois.
- The Physician's Part in the Social Hygiene Program....Walter M. Brunet, M.D.
 Director, Department of Medical Measures, American Social Hygiene
 Association

Afternoon Session—Symposium on Working Programs:

2:30—5 P. M.

- Chairman Ray H. Everett
 Mrs. Fereba B. Croxton Richmond, Virginia
 Director of Education, Bureau of Social Hygiene
 Joe P. Bowdoin, M.D. Atlanta, Georgia
 Director, Division of Venereal Disease Control, State Board of Health
 Mrs. Frederick A. Corl Louisville, Kentucky
 Social Hygiene Society of Kentucky
 Dr. H. I. D. McGillicuddy Boston, Massachusetts
 Executive Secretary, Social Hygiene Committee, Massachusetts
 League of Women Voters
 H. W. McKane, M.D. Indianapolis, Indiana
 Director, Division of Communicable Diseases, Indiana State Board of Health

Evening Session

8:15 P. M.

- Chairman George W. Odum
 Director, School of Public Welfare, University of North Carolina
 The Policewoman of To-day Mrs. Mina C. Van Winkle
 Director, Woman's Bureau, Metropolitan Police Department,
 Washington, D. C.
 Social Hygiene in a School Health Program Mrs. Kathleen W. Wooten
 Director, Health Department, Georgia State College for Women,
 Milledgeville, Georgia
 International Coöperation Toward Social Welfare Valeria H. Parker, M.D.
 Chairman, Social Hygiene Committee, National Congress of Parents and
 Teachers; President, National Council of Women

SATURDAY, NOVEMBER 20TH

Morning Session—Educational Measures

9:15 A. M.—12 M.

- Chairman Mrs. Robbins Gilman
 Women's Coöperative Alliance, Minneapolis, Minn.
 Social Hygiene and the Religious Leader Thomas W. Galloway
 Department of Educational Measures, American Social Hygiene Association
 Education and Present-Day Problems of Sex Maurice A. Bigelow
 Director, School of Practical Arts, Teachers College,
 Columbia University, New York, N. Y.

* * *

The August number of *American Medicine* contains a description of the comprehensive syphilis exhibit prepared under the direction of Dr. Walter M. Brunet, Director of the Department of Medical Measures of the Association, for the annual meeting of the Medical Society of the State of New York in New York City in May, and an extended review of the paper presented by Dr. William F. Snow

and Dr. Brunet at that meeting and afterward published in the *New York State Journal of Medicine* for June, 1926, under the title "What Price Syphilis." The same paper in French was read by Dr. Brunet at the *Association Des Medecins de Langue Francaise de l'Amerique Du Nord* at Montreal, September 21st, 1926, and was again favorably received.

* * *

A Round Table Conference on "Social Hygiene" was conducted by Miss Chloe Owings of the Department of Protective Measures of the American Social Hygiene Association at the 30th Annual Convention of the New York State Congress of Parents and Teachers which was in session in New York City, October 4th to 8th, 1926. Miss Owings also spoke at the luncheon of the social hygiene committee of the Massachusetts League of Women Voters, October 25th.

* * *

At a special session, on teaching health in colleges, of the fifty-fifth annual meeting of the American Public Health Association, held at Buffalo, New York, October 11-14, 1926, Dr. Thomas A. Storey, Professor of Hygiene at Stanford University, discussed the question "Can College Hygiene Be Made Effective in the Life of College Students?"

Ray H. Everett was chairman of the Round Table Luncheon, at which was discussed the subject of "Film Slides and Continuous Motion Pictures."

* * *

Many letters of appreciation have been received from syphilologists, urologists, and gynecologists to whom a reprint of "The Follow-up Problem of Venereal Disease in Private Practice," by Dr. Walter M. Brunet and Mary S. Edwards, was sent. The original article appeared in the April, 1926, issue of the *Journal of Social Hygiene*.

THE FORUM

The JOURNAL will publish selected letters or excerpts considered of general interest, assuming no responsibility for the opinions expressed therein. Communications must be signed, but publication of signatures will be withheld when so requested.

To the Editor:

September 21, 1926.

I thought you might be interested in the enclosed radio talk which was given by Dr. George R. Dodson, honorary president of the Mis-

souri Social Hygiene Association, over Station KMOX, St. Louis, on Wednesday evening, September 15th.

One of the significant things is, I believe, that even though the address was given to the Director before the delivery, the words "venereal diseases, syphilis and gonococcus" were not omitted.

Station KMOX is one of the most powerful stations in the United States. There is no limit to the number of persons who might have been listening. The program was a part of a plan suggested by the *Globe-Democrat*, a St. Louis newspaper, one of the members of the group which controls station KMOX, through which one-half hour program each Wednesday night is given to some civic organization in St. Louis. Entertainment features concluded the one-half hour that was given by the newspaper.

CHARLES E. MINER.

Executive Secretary,

Missouri Social Hygiene Association.

RADIO TALK ON SOCIAL HYGIENE OVER STATION KMOX

September 15, 1926,

By George Rowland Dodson

I am happy to have four minutes in which to speak to the radio public about one of the most important and successful of modern reforms. In December, 1905, a distinguished citizen of St. Louis made an address in Chicago before a national society of scientific men. He then contended that aerial transportation was entirely practical and would soon be a reality. Many of those who heard him regarded him as a dreamer. Yet the aeroplane is here.

Four years later, in January, 1909, a society was formed in St. Louis to do away with the ignorance and false notions concerning sex that wreck so many lives. There were those who said that this could not be done, who believed in a double standard of morals and thought it natural and proper that young men before marriage should sow wild oats. Yet in less than twenty years this campaign has succeeded. This reform has been accepted by the intelligent American public. In this and many other cities the young people are being instructed concerning the sex function and are growing up with sound and beautiful ideals.

The Missouri Social Hygiene Association has tried to do four things:

1. First, to enlighten the public concerning the danger to all, even to the innocent, from the venereal diseases, syphilis and gonococcus infection. The result is that multitudes of young men now come up to the marriage altar with clean records and sound, healthy bodies who would otherwise have carried venereal infection into their homes. In the War, the Government accepted our point of view, adopted our methods and took over our personnel, and the

result was the cleanest army, physically and morally, that history has known. Our boys did not come home unfitted for fatherhood and social life by venereal disease.

2. We have fought commercialized vice and have helped to close and keep closed the red-light district.

3. We have promoted wholesome recreation and have coöperated with the movements which aim to provide young people with opportunities for legitimate enjoyments.

4. But our main work has been educational. We have urged fathers and mothers to instruct their own children concerning the processes by which life is transmitted, and to forestall, in this way, the impure sources of information. Even if there were no vice and social diseases, this would still be worth while, for only through sound knowledge and right ideals can we redeem the subject of sex from unclean associations. The subject is being presented to-day in a simple, direct and beautiful way. Nobody is healthy or happy who makes a failure of his love-life, and no one is likely to make a success of it who does not think of it in a noble way. Experience has justified our faith in instruction. Our young people are not bad, but only human, and many of them have expressed their thanks for the knowledge that has saved them from mistakes which might have ruined their happiness, knowledge which enables them to enter the beautiful relation of marriage free from fears and regrets and from stains on body or mind. We are trying to bring it about that no boy or girl shall make a wreck of life or miss its greatest happiness because of a lack of the knowledge which we can and ought to provide. The Association maintains an office at 2221 Locust Street, St. Louis, and will be glad to respond to requests for information and help. I thank you.

BOOK REVIEWS

THE CONSERVATION OF THE FAMILY. By Paul Popenoe. Baltimore: The Williams and Wilkins Company, 1926. 258 p. \$3.00.

The following paragraphs, quoted from a highly pungent introduction, furnish a point of departure for this book:

The family is, in fact, the oldest institution in existence. So far as one can guess intelligently, it has changed surprisingly little in 500,000 years. Often called the foundation of society, it justifies this name by the contributions it makes to (1) the perpetuation of the race, (2) the security of the state, (3) the happiness of the individual, (4) the education of the population, and by economic, social, religious, psychological, hygienic, esthetic, and other contributions that have varied with different ages but are always important.

Compared with the family, all other social and economic institutions are recent. None of them has been subjected to experiment and selection, none of them has been validated by the results of this

experiment and selection, to anything like the same degree that the family has. The monogamous family may therefore be expected, *a priori*, to be much more stable and permanent than any other existing human institution.

If these propositions are true, and there is nothing in our present knowledge even to bring them seriously in question, the little "foul-tips" of the very individualistic and self-discovered Modern Immoralists who are actively prophesying the dissolution of the home and seeking to discredit all the personal and social virtues that make marriage successful, will never materialize in "home runs." (It is evident this review is written in the shadow of the World Series.)

The author makes no claim that the family is a perfect thing; or even at its present best; nor that it is likely to be so as long as families must be constructed of such raw materials as are now in sight.

His thesis, however, is that the family is eminently worth preserving; needs to be improved; can be improved by social control; removal of the outer conditions which stand in the way of success, by suitable preëducation of children and young people in the knowledge, ideas, emotional attitudes, practices and habits calculated to fit them to be mates, parents and coöperative guides of a new generation.

The book is divided into four parts. The first deals with the various types of mating practiced or advocated among humans, the choice of mates, minimum group sanctions necessary for security, the essential functions and influence of family life.

The second part discusses the conditions that interfere with the normal functioning of the family, including the ascetic ideal, premarital incontinence, delayed marriages, prostitution, venereal diseases, infertility, abortion, insufficient reproduction in superior families, and the opposite in inferior ones.

Part III treats of the means of social control of family life,—such as education, public opinion, economic improvement, and fuller community organization to foster the conditions which favor, and minimize those which threaten, rich family life.

Part IV contains a suggestive chapter on "the changing family," and a bibliography.

The book is well organized, clearly and cogently written, very readable, and is a welcome complement to "Modern Marriage" by the same author.

T. W. G.

EDUCATION AND THE GOOD LIFE. By Bertrand Russell. New York: Boni and Liveright, 1926. 319 p.

In *What I Believe* Russell characterized the good life as "one inspired by love and guided by knowledge." In the volume now under review he discusses the sort of education that is most likely in his opinion to promote it. "There is only one road to progress, in education as in other human affairs," he says, "and that is: Science wielded by love. Without science, love is powerless; without love, science is destructive." Here, in two sentences, are blended the fundamental themes of *Icarus*, *What I Believe*, and *Education and the Good Life*.

The last named book is composed of three parts. In the first, the author speaks in general terms of modern educational theory and the aims of education. Among the latter he emphasizes cultivation of four characteristics which he represents as universally desirable and forming, jointly, the basis of an ideal character: vitality, courage, sensitiveness, and intelligence.

These provide the background for the discussion of the education of character to which Part II, one-half of the entire book, is devoted. Here the author speaks very much like a parent, keenly alive to the extraordinary importance for the sound development of their character of the education children receive in their very early years. "I am convinced," he says, "that, if children up to the age of six have been properly handled, it is best that the school authorities should lay stress upon purely intellectual progress and should rely on this to produce the further development of character which is still desirable." The chapter headings will give those who are acquainted with the author's social philosophy the general import of this part of the book. They are: The First Year, Fear, Play and Fancy, Constructiveness, Selfishness and Property, Truthfulness, Punishment, Importance of Other Children, Affection and Sympathy, Sex Education, The Nursery School. I will consider below only the last but one on the list, which may be assumed to have especial interest for readers of this journal.

In Part III, the author speaks more professionally of curricula, and the ways of schools, and many problems running the entire gamut of the years of formal education. The treatment is sketchy, but vivid, pungent and suggestive, giving the chapters practical interest despite their brevity.

Throughout, the appeal of the book is to the imaginative and sympathetic mind that does not require elaborate evidence and demonstrations. It is a straightforward appeal, of one who craves the facts, whatever they may be, and fearlessness, and freedom to seek them. "In the virtue that I desire, the pursuit of knowledge, without fear and limitation, is an essential element, in the absence of which the rest has little value."

With this in mind, the author develops his chapter on sex education. It contains little that is novel, much that is important, and some ideas that, though not unfamiliar, are far from generally acceptable to educators in this field. The following extracts will give its gist. "Answering questions is a major part of sex education. Two rules cover the ground. First, always give a truthful answer to a question; secondly, regard sex knowledge as exactly like any other knowledge." "Sex must be treated from the first as natural, delightful and decent." "The attitude displayed toward sex should be scientific, not emotional or dogmatic." "The child must not be talked to about the mysterious and sacred functions of motherhood; the whole thing must be utterly matter-of-fact." "Young people must know about venereal disease before they run the risk of it." They "should be led to realize that it is a very serious matter to have a child, and that it should not be undertaken unless the child has a reasonable prospect of health and happiness." "It should be made clear that no one can be a good parent without parental affection, but that even with parental affection, the necessity of a great deal of knowledge is required as well. . . . The more the necessity of knowledge is understood, the more intelligent women will feel attracted to motherhood." "One other thing is essential in teaching about sex love. Jealousy must not be regarded as a justifiable insistence on rights, but as a misfortune to the one who feels it and a wrong toward its object. . . . I shall not teach that faithfulness to one partner through life is in any way desirable, or that a permanent marriage should be regarded as excluding temporary episodes. So long as jealousy is regarded as virtuous, such episodes cause grave friction; but they do not do so where a less restrictive morality is accepted on both sides."

H. B. T.

BRIEFER COMMENT

CLUB WORK MADE EASY. HOW AND WHERE TO SECURE STUDY OUTLINES, LOAN EXHIBITS AND SPECIFIC LEAFLETS. By Anna Steese Richardson. New York: The Crowell Publishing Co. 1926. 55 p. 10 cents.

A very useful handbook of sources of material on many timely subjects. Addresses of associations and prices of publications recommended, are given. Of special interest in the field of public health may be mentioned *Social hygiene, Child Welfare, Delinquent and problem children, Community life, Law enforcement.*

DIFFICULTIES ENCOUNTERED IN VENEREAL FOLLOW-UP. By A. J. Casselman and R. S. Patterson. Circular No. 183. Department of Health of the State of New Jersey. 1926. 8 p.

A description of the work being done in New Jersey to control venereal infections and bring about cures.

PROCEEDINGS OF THE THIRD ANNUAL CONFERENCE OF THE NEW YORK STATE ASSOCIATION OF JUDGES OF COUNTY CHILDRENS' COURTS. New York State Probation Commission. Albany, N. Y. 1926.

Much more of interest to social hygiene workers is contained in this report than one might judge from the table of contents. Of especial interest is Judge Dutcher's address on causative factors of juvenile delinquency. In conclusion, he states that Juvenile courts unaided, cannot stem the tide of juvenile delinquency—they must have the assistance of all the social, religious, educational and law enforcement agencies of the community to protect and safeguard our youth.

THE VENEREAL DISEASE PROBLEM. A MEMORANDUM ISSUED FOR THE INFORMATION OF ALL RESPONSIBLE CITIZENS. 2nd edition. H. J. Green, Government Printer, Melbourne, Australia.

A statement for the layman setting forth the extent of venereal disease infections, methods of communications, means taken to eradicate the disease, and the need of educational work. Concludes with the statement that there are no diseases so certainly preventable as the venereal disease, if scientific methods are adopted.

WELFARE PROBLEMS IN NEW YORK CITY WHICH HAVE BEEN STUDIED AND REPORTED UPON DURING THE PERIOD FROM 1915 THROUGH 1925. By Shelby M. Harrison and Allan Eaton. N. Y. Welfare Council of New York City. 1926. 84 p.

This compilation records the pieces of social investigation and research relating to New York City which have been carried to completion during the past eleven years and gives detailed information as to subject matter, organization responsible for the study, price of report, if not for free distribution, where typed copies may be consulted if report was not printed, and which reports are available at the Russell Sage Foundation Library. The list is classified and there is a full subject and author index.

LESSON OUTLINES FOR MATERNITY CLASSES. By the nurses and nutritionists of the East Harlem Nursing and Health Demonstration. 95 p. 35 cents.

This booklet is the result of the experiences of the nurses and nutritionists at the East Harlem Nursing and Health Demonstration. Definite instruction is given the expectant and the convalescent mother. Each of the lessons in the booklet has been developed as a separate unit. "Lesson Leaflets" which summarize the main points in each lesson given are taken home by the mothers for further study.

GONORRHEA IN THE FEMALE. A NEW METHOD OF TREATMENT. *Long Island Medical Journal*, 20:329-35, September, 1926.

This paper includes a discussion of the essential factors in diagnosis of gonorrhea, a consideration of the laboratory aids in diagnosis, a summation of a criteria of cure and in addition the description of a new technique of treatment, and the results obtained thereby, using two of the newer and most powerful of antiseptics, mercurochrome and acriflavine. This investigation was made possible by funds granted by the American Social Hygiene Association and the U. S. Interdepartmental Social Hygiene Board.

PUBLICATIONS RECEIVED

Under this head the JOURNAL OF SOCIAL HYGIENE lists publications received and not reviewed. Those which fall sufficiently within its field and are of sufficient importance to its readers to warrant comment will be reviewed in later issues.

PROCEEDINGS OF THE THIRD ANNUAL CONFERENCE OF THE NEW YORK STATE ASSOCIATION OF JUDGES OF COUNTY CHILDRENS' COURTS, held at Albany. N. Y., October 30 and 31, 1925. Published by the New York State Probation Commission. Albany: J. B. Lyon Co., 1926. 86 p.

INTRODUCTION TO SOCIAL STATISTICS. By Clarence G. Dittmer, Ph.D. Chicago and New York: A. W. Shaw Company, 1926. 167 p.

DELUSION AND BELIEF. By Charles Macfie Campbell. Cambridge: Harvard University Press, 1926. 79 p.

INTERNATIONAL CLINICS. A quarterly of illustrated clinical lectures. Thirty-sixth series, 1926. Philadelphia and London: J. B. Lippincott Co., 1926. 310 p.

WELFARE PROBLEMS IN NEW YORK CITY. By Shelby M. Harrison and Allen Eaton. Published by the Welfare Council of New York City. New York, 1926. 84 p.

THE FINANCING OF SOCIAL WORK. By Arthur W. Procter and Arthur A. Schnuck. Chicago and New York: A. W. Shaw Company, 1926. 260 p.

HEALTH HEROES: WALTER REED. By Grace T. Hallock and C. E. Turner. Published by the Metropolitan Life Insurance Company, 1926. 24 p.

THE VENEREAL DISEASES PROBLEM: A MEMORANDUM ISSUED FOR THE INFORMATION OF ALL RESPONSIBLE CITIZENS. Published with the valued assistance of the Minister of Health, the Honorable J. P. Jones, M.L.C. Melbourne, Australia: H. J. Green, Government Printer. 15 p.

SCIENTIFIC REPORTS FROM THE GOVERNMENT INSTITUTE FOR INFECTIOUS DISEASES. The Tokyo Imperial University for the year 1925. Vol. IV. Shirokaue-Daimachi, Shibaku, Tokyo. 493 p.

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Journal of Social Hygiene

VOL. XII

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NO. 9

THE DECLINE IN THE REGISTERED MORTALITY FROM SYPHILIS IN ENGLAND. TO WHAT IS IT DUE?

SIR ARTHUR NEWSHOLME, M.D., K.C.B.

*Formerly Principal Medical Officer of the Local Government Board, Member of
the Royal Commission on Venereal Diseases, and Lecturer on Public Health
Administration, School of Hygiene, Johns Hopkins University*

The campaign for the reduction of venereal diseases, and especially of syphilis, has been actively pursued since the Great War, and the present is an admirable opportunity for weighing the position and for inquiring whether material results have been achieved. It is hoped that the following statement of facts for England and Wales will lead to comparison with the experience of American states with a view to possible confirmation or modification of the conclusions tentatively reached in the following pages.

In the Registrar General's Annual Review of England and Wales for the year 1924, issued in July, 1926, is embodied an interesting section on syphilis, on which I propose to make some comments. It includes a comparison of the death rates for each year since 1901 from "Syphilis Table L." This shows a dramatic reduction from the year 1918 onwards.

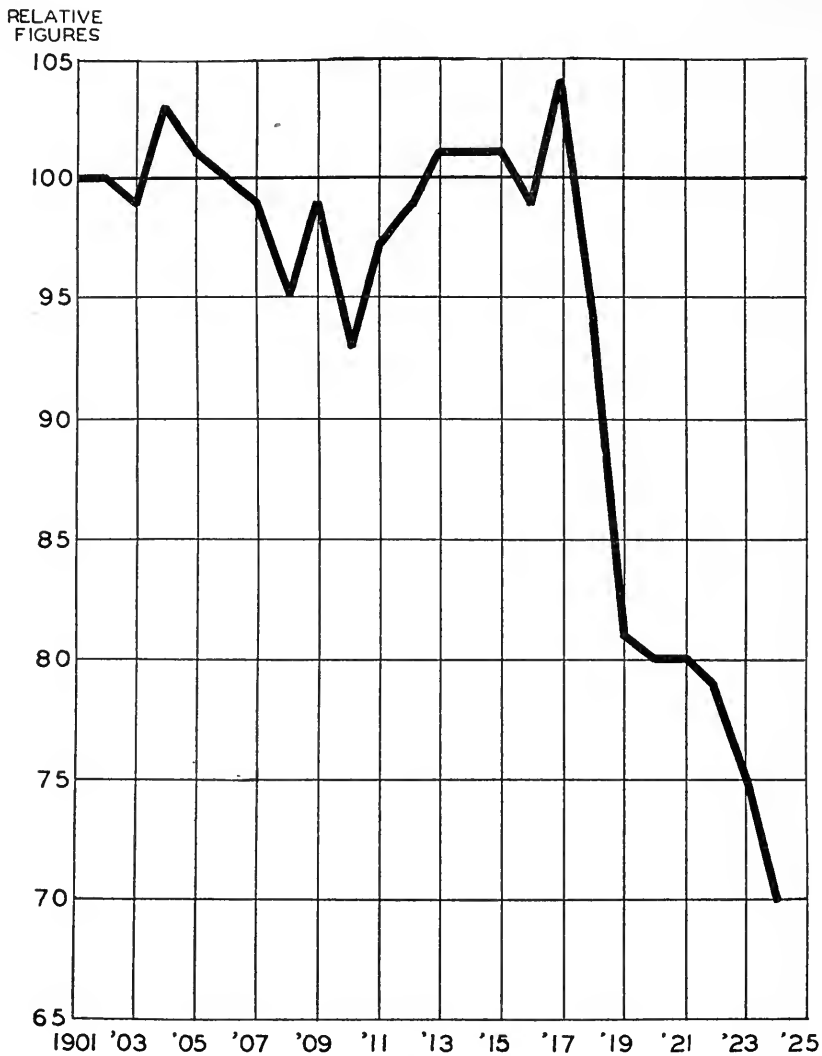


FIGURE 1

COMBINED DEATH RATES (RELATIVE) FROM SYPHILIS, GENERAL PARALYSIS OF
INSANE, TABES DORSALIS, AND ANEURISM

TABLE L. CRUDE ANNUAL DEATH RATES FROM SYPHILITIC INFECTIONS AT ALL AGES TO A MILLION LIVING, 1901-1924

	<i>Syphilis</i>	<i>General paralysis of insane</i>	<i>Tabes dorsalis</i>	<i>Aneurism</i>	<i>Combined rate</i>	<i>Relative figures</i>
1901.....	53	70	13	30	166	100
1903.....	55	64	15	31	165	99
1905.....	53	67	16	32	168	101
1907.....	48	67	17	33	165	99
1909.....	48	67	17	33	165	99
1911.....	51	61	18	32	162	98
1913.....	57	58	20	32	167	101
1915.....	53	63	21	31	168	101
1917.....	60	64	22	28	174	105
1919.....	52	41	19	24	136	82
1921.....	47	41	18	26	132	80
1923.....	36	44	19	26	125	75
1924.....	33	40	19	26	118	71

Of course this composite rate does not represent the total mortality inflicted by syphilis. Were this so, then the death rate of 118 per million of population in 1924 might be viewed with some measure of complacency when contrasted with recorded death rates in the same year of 1058 for tuberculosis and of 1297 for cancer, though a rate of 118 shows the need for preventive work, when we recall that in the same year the death rate from measles was not more than 124, from scarlet fever, 23, from diphtheria, 64, and from whooping cough, only 103 per million of population. When the deaths from congenital "debility," from organic diseases of the heart, from angina pectoris, from diseases of the arteries apart from aneurism, from apoplexy, from "softening of the brain" and other chronic conditions owing their origin to syphilis are added to the deaths included in the English rate, which gives a death rate in 1924 of 118, there can be little hesitation in concurring in the statement which places syphilis with cancer, tuberculosis, and pneumonia as one of the four greatest of killing diseases.

But although the figures comprised in Figure 1 do not tell the whole truth, they sample it with considerable accuracy; and I see no reason why for comparative purposes they should

not be regarded as approximately trustworthy in comparing the experience of each of the years 1901 to 1924 with any other year in this quarter of a century. So far as we know no marked change has occurred during this period in the method of certification of syphilitic disease. If any change has occurred, it would reasonably be expected to have been in the direction of more complete recognition and registration of deaths from syphilis; for when the Royal Commission's Report on Venereal Diseases was published in March 1916, there followed rapidly educational work regarding these diseases, the gratuitous provision of salvarsan to all medical practitioners who had experience of intravenous medication, gratuitous diagnosis of the disease, and gratuitous treatment at officially supported clinics for all applicants without social or other distinction. It may reasonably be inferred, therefore, that the decline in registered mortality from syphilis does not completely represent the extent of the change in the trend of mortality which has occurred.

The Registrar General's report in the diagram from which Figure 1 has been adapted includes, as of undoubted syphilitic origin and incorporates in the total rate, deaths from tabes dorsalis, general paralysis of the insane, and aneurism, as well as deaths definitely registered as due to syphilis; and these, I think, may be regarded as a satisfactory though only partial index of the mortality from syphilis. A remarkable change in the course of events occurred in 1918, the reduction in the death rate when 1901 is compared with 1924 amounting to 29 per cent; and when 1917 is compared with 1924 amounting to 32 per cent. It should be added that most of the deaths registered as due to syphilis occur in infancy; and that the accuracy of the total trend shown in Figure 1 is confirmed by the fact that the infant death rate from syphilis is now less than half that of 1917.

In considering the causes for this extraordinary change in registered mortality, it appears likely that syphilis, returned as such, and occurring as a registered disease chiefly in

infancy, would respond fairly quickly to diminution of infection; while reduction of the death rate from nervous or arterial disease due to syphilis is more likely to be related to diminution of syphilitic infection some five or even ten years earlier.

What events correspond with these general indications? The following historical facts need to be borne in mind. In 1903 Metchnikoff and Roux first inoculated monkeys with syphilis; in 1905 Schaudinn discovered the *treponema pallidum* in primary lesions; in 1906 Meisser, Bruck, and Wassermann introduced the serological test, and in 1910 came Ehrlich's discovery of salvarsan.

On the administrative side, so far as concerns England, the following facts and dates are relevant:

In March 1912 the Local Government Board entrusted one of their medical officers, Dr. R. W. Johnstone, to make an inquiry into venereal diseases, with special reference to the adequacy and general character of the arrangements for institutional treatment available. Dr. Johnstone's report was published in August, 1913, and it contained a paragraph which is still worthy of quotation, as embodying the essential conclusion subsequently reached by the Royal Commission on Venereal Diseases appointed in November 1913 to make fuller inquiry:

"The essence of the problem is how to get a willing patient at the earliest time to the doctor from whom or to the institution from which advice and treatment can be had. . . . Skilled advice and adequate treatment should be available for all infected persons."

The appointment of the Royal Commission was expedited by a letter in the public press in 1913 signed by distinguished physicians and others urging the need for fuller inquiry.

The Royal Commission continued its sittings during the first and part of the second year of the war, its report being issued in March, 1916. Prompt action was taken by the Government, the Local Government Board's regulations and

memorandum being issued in July, 1916. These made it *obligatory* on County Councils and County Borough Councils to prepare schemes providing for (a) pathological aids for

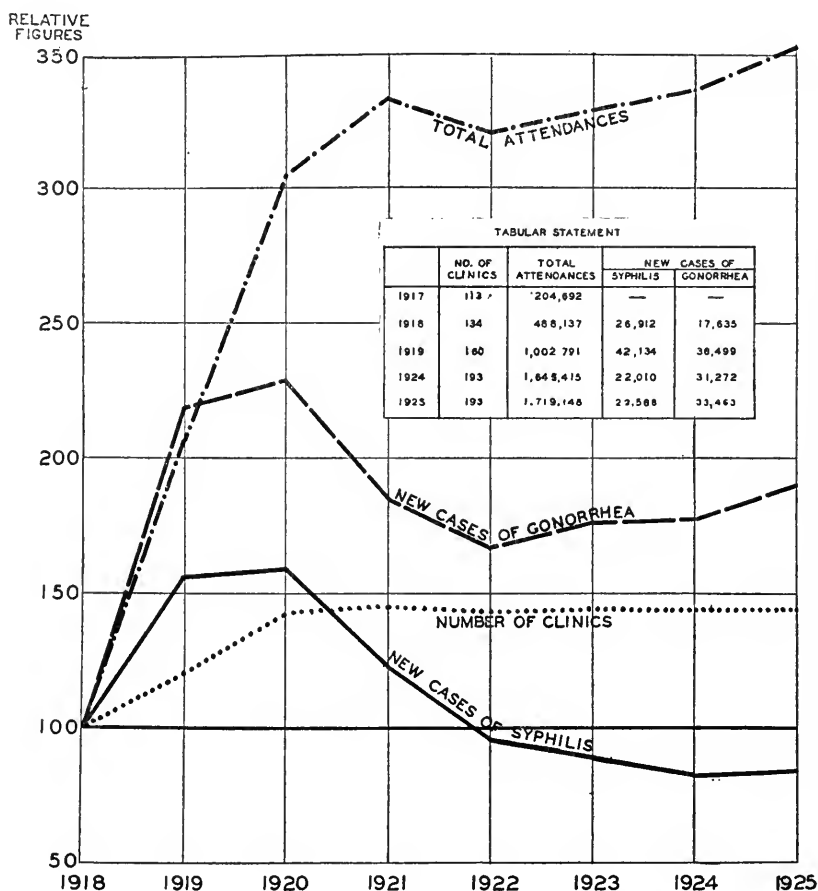


FIGURE 2

ENGLAND AND WALES—VENEREAL DISEASE CLINICS, NEW CASES OF SYPHILIS AND OF GONORRHEA, AND TOTAL ATTENDANCE OF PATIENTS AT V. D. CLINICS, 1918-25 INCLUSIVE

diagnosis; (b) the institutional treatment of venereal diseases; and (c) the free supply of arseno-benzol for domiciliary treatment by private physicians.

All these provisions were to be entirely gratuitous for patient and for doctor, three-fourths of the total cost being paid by the Government and one-fourth by the local authorities on whom fell the obligatory duty to make the necessary provisions.

The subsequent course of events administratively is shown in Figure 2, compiled from the Annual Report of the Chief Medical Officer of the Ministry of Health. In every populous center clinics were inaugurated and the complete machinery outlined above came into rapid being. In Figure 2 for convenience of comparison relative figures are given in each curve, the initial number under each heading (1918) being stated as 100. The inset tabular statement shows the magnitude of the figures on which these relative figures are based.

It will be seen that the number of clinics increased from 113 in 1917 and 134 in 1918, to 193 in 1925 (a 44 per cent from 1918 to 1925), that the total attendances of patients were nearly quadrupled between 1918 and 1925; that between 1918 and 1920 the number of new patients suffering from syphilis increased 59 per cent, and of gonorrheal patients 129 per cent and that from 1920 onwards a steady decline in the number of new patients occurred for syphilis and a less marked decline for gonorrhea. In the year 1925 the curves for these diseases showed a small upward tendency. The different curves in Figure 2 read in conjunction, and especially the very important increase in proportion between attendances and number of new patients, point to the conclusion that the decrease of patients since 1920 is not due to diminished popularity of the clinics, but represents a real diminution of disease; and this conclusion is rendered inevitable when the curve of mortality returns shown in Figure 1 is compared with the curves in Figure 2.

We may definitely conclude that after 1917 there set in a remarkable reduction in the mortality from and incidence of venereal diseases, and that this was coincident with the initia-

tion of national measures for the diagnosis and treatment of these diseases and associated educational efforts.

It cannot be assumed that a complete explanation of the national reduction of venereal diseases is to be found in the national measures of diagnosis, treatment, and education organized to combat these diseases.

Of the total death rate from "syphilis" of 118 per million in 1924, as seen in Figure 1, 33 were returned as syphilis, 40 as general paralysis of the insane, 19 as tabes, and 26 as aneurism. Syphilis, returned as such, may be expected to have made an early response to prevention and treatment; but the response in terms of aneurism, of general paralysis, and of tabes is more likely to be seen five or ten years after the appropriate institution of prophylaxis by treatment. We must take a wider view to explain fully the course of the curve in Figure 1.

Even before the Great War, improved diagnosis and treatment of syphilis had made some headway, though not to an extent or for a length of time competent to influence the national curve of mortality. The reign of silence respecting venereal diseases was rapidly broken. A summary of the evidence given at each weekly meeting of the Royal Commission was published in newspapers, and the events of the Great War intensified public interest in measures for preventing venereal infection. In the Army and Navy active instruction on this subject was given; and for the civilian population from the beginning of the war, and especially from 1916 onward the dangers of venereal diseases became the subject of widespread civilian instruction, the National Council for Combating Venereal Diseases (now the National Council for Social Hygiene) doing excellent work in teaching social hygiene and in helping to make known the official arrangements for diagnosis and treatment.

The civilian arrangements for gratuitous treatment of all comers were anticipated for soldiers, sailors, and airmen by the service arrangements for the treatment of venereal dis-

eases. The most elaborate and complete arrangements were made on an unequalled scale for the treatment by modern scientific methods of every one of the tens of thousands of fighting men who were infected with syphilis in the years 1914-18. Never was there a period in which such vast numbers of men were exposed to infection or when those infected received treatment as satisfactory and complete as that of these war years. It is doubtless attributable to this scientific and complete provision that the increase of syphilitic mortality in the civilian population in the year 1917 was so relatively small.

To the same reason, I think, must be attributed no small share of the fact that the total death rate from "syphilis" as set out in Figure 1 began to decline in 1918 (a decline of about 6 per cent as compared with 1901) the decline amounting to 19 per cent when 1919 is compared with 1901. The treatment of the fighting forces for syphilis goes far to explain the prompt decline in mortality from 1918 or 1919 onward which occurred in the syphilitic diseases of the nervous and circulatory systems.

Do the joint influence of military and civilian treatment of syphilis on a scale of unequalled magnitude fully explain the course of events shown in Figures 1 and 2?

With this treatment was associated increasing knowledge of the use of cleanliness and disinfection as a means of preventing disease in circumstances of exposure; and probably action on these lines has been a factor in diminishing military infection. That it has been of small importance in civilian life is indicated by comparing, for instance, the published experience of Portsmouth and Birmingham, in which a fairly parallel and equal diminution of cases is shown. In one of these towns disinfection as a prophylactic has been publicly advocated and in the other has not.

Other explanations may enter into the result. It may be that prostitutes, like others, have learnt the importance of cleanliness and disinfection; also that prostitution is decreas-

ing, while more stable irregular unions are partially taking their place. The minor influence of each of these factors may be accepted, though I doubt the accuracy of comparative historical pronouncements on the last named point. Notwithstanding much hasty dogmatism to the contrary, I do not regard it as improbable that there has been actual decrease in sexual irregularities, in some measure at least, the result of the wider social and moral teaching as to sex matters of recent years. I am aware that this view is frequently flouted; but if one looks carefully into historical facts, recent and remote, there is much to confirm it.

I have mentioned the desirability of international comparisons of experience; and I have before me as I write a report by Professor A. Bayet of Brussels¹ which shows a very similar course of events to that seen in Figure 2, and apparently, under the influence of corresponding work. Dr. Bayet emphasizes the incessant educational work in Belgium, the supply of salvarsan to physicians, and the subsidies for the maintenance of public clinics in which all comers are treated without social distinction. It would appear that in Belgium as in England the chief feature of the work accomplished has been *prophylaxis by treatment*. The essential of the recommendation of the English Commission consists in its full recognition of the possibilities of prevention by treatment; and the chief value of the English civilian work begun in 1917 has consisted in the carrying out of this new principle. Corresponding work was begun in Belgium in 1920, the result in diminution of new syphilitic patients showing itself in the following year.

Dr. Bayet concludes that by means of arsenical medication, the duration of contagion in syphilis is diminished to the extent of three-fourths or four-fifths, and that, therefore, the number of contagious syphilitics is reduced to a corresponding extent. Whether in actual practice reduction of infection

¹ La Lutte contre le syphilis en Belgique, 1926.

by treatment is reduced to this extent may be doubtful; but that by treatment the possible sources of infection are being greatly reduced is beyond doubt. And this consideration justifies a more hopeful view respecting the control of syphilis than is commonly entertained. An improved moral outlook and a higher standard of conduct are indispensable for the complete conquest over this disease. But while every effort is being strained by character training in childhood, by rational teaching of physiology and hygiene, by satisfactory guidance in adolescence, and so on to secure the entire avoidance of anti-social conduct, we can take courage from the course of events shown in Figures 1 and 2, and we can remember that syphilitic infection is controllable by treatment. Our first and most urgent duty is to cease to place any obstacle, financial or other, in the way of securing the best available treatment for every syphilitic patient.

CAUSES UNDERLYING SEX DELINQUENCY IN YOUNG GIRLS *

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During the past twenty years and especially in the last decade, masses of statistics have been accumulated on the delinquent girl from juvenile courts, houses of correction, psychiatric clinics, and various welfare organizations, from which one should be able to find the answers to innumerable questions, such as—Are delinquent girls of average physical development? Have they average mental development? Have they had adequate educational advantages? Do they come from normal or broken homes? Are their parents properly adjusted to the community? Are they largely from American or foreign parentage? Are they from urban or rural homes? Is poverty a factor in their delinquency?

* Read before the State Conference of Social Agencies at Bellingham, Washington, June 14, 1926.

Let us take up some of these questions and see if we find uniformity in the statistics from various sources.

Miss Anne T. Bingham,¹ reporting on 500 cases of sex delinquency from the New York Probation and Protective Association, says, "On the whole the girls are remarkably free from organic defects; they show ordinary development for age and race, and their state of nutrition is surprisingly good considering the poor environment to which many are accustomed."

In the mental classification, however, she gives only 28 per cent as normal. The others she classifies as follows: 26.4 per cent, psychopathic inferior (emotional instability); 37.0 per cent mentally defective (feeble-minded and mentally subnormal); 5.8 per cent, with well defined mental disease; and 2.6 per cent, epileptic.

On the other hand, Dr. William Healy,² reporting on 4000 cases of delinquency in both sexes, 2000 in Chicago and 2000 in Boston, finds that only about one-third of the subjects appeared to be in good physical condition, although 70 per cent of the girls are above the age weight norm. Later in summarizing the physical findings he says, "This is not far from the general run of young people."

Of the mental condition, Dr. Healy says, "In general, one can state that about 70 per cent of the regular run of delinquents are normal mentally. By this I mean that by intelligence tests they are not defective and by other methods of examination they are neither psychotic or psychopathic personalities."

The remaining 30 per cent he classifies as follows: 13.5 per cent, feeble-minded; 9.0 per cent, defective; 5.5 per cent, epileptic in Chicago; 1.8 per cent, epileptic in Boston.

¹ *Determinants of Sex Delinquency in Adolescent Girls Based on Intensive Studies of 500 Cases.* By Anne T. Bingham. *Journal of Criminal Law and Criminology.* February, 1923. P. 494-586.

² *A Review of Some Studies of Delinquents and Delinquency.* By William Healy, M.D. *Archives of Neurology and Psychiatry.* July, 1925. P. 25-30.

J. E. Wallin³ found that the mental condition was most frequently normal but backward in the delinquents among the school children of St. Louis examined by him from 1914 to 1917.

At this point, let us digress a moment and ask what is the mental condition of a cross section of the young people of our time. The most reliable investigation that I know of is that made by the United States Army during the last war.⁴ All recruits, both volunteer and draft, were given the same mental test. Of the white recruits 30 per cent tested 12 years or less. It is very probably that if the girls of our country were given these same tests, the outcome would be about the same. This means that about 30 per cent of our young people are mentally inferior, and that we have only a right to think of 70 per cent of them as being normal.

With this point of view, when Dr. Healy says 70 per cent of delinquents are normal, we are justified in saying that he believes them about the average. This, then, makes Dr. Healy and Mr. Wallin come fairly close in their statistical report on the mentality of delinquents.

It is more difficult to harmonize the findings of Anne T. Bingham with the others, but if one disregards her classification of 26.4 per cent psychopathic inferior (emotional instability) and adds this to her 28 per cent normal, we have her allowing 54.4 per cent as not definitely mental defectives, which is but 15.6 per cent below the figures given by Healy.

Some years ago every one who dealt with prostitution believed that the girls and women in this profession were for the most part mental inferiors. The investigators at that time so firmly believed this that it must have unconsciously colored their findings. I know, however, that the street-walkers and sex offenders who came to the clinic with which I was connected in New York in 1910 and 1911 did not impress

³ *Feeble-mindedness and Delinquency*. By J. E. Wallin. Mental Hygiene. October, 1917. P. 588-90.

⁴ *War Department Annual Reports*, 1919. Volume 1, Part III. P. 2970, etc.

us as being different mentally from the general run of clinic patients. We were greatly impressed, however, by the number of oversized and overweight girls in this profession, which was in striking contrast to the usual thin, undersized "East-sider". These girls often had hard work to convince us that they were born and raised in New York, so much did they resemble our light-opera view of the farmer's daughter.

Turning now to the question of education. We find that Miss Bingham reports of her 500 delinquent girls that only 18 per cent of the American-raised girls had less than fifth grade work. Healy says, "Our figures on education are only of negative value. Practically every one of our native-born and most of our foreigners have had a chance in our school system. We may say that illiteracy arising through lack of opportunity plays no important part in the production of delinquency as we have seen it in our city population."

On every hand one hears of the broken home as the cause of crime and delinquency. When we realize that 25 per cent of all children in the United States live in homes broken through death, desertion, separation, or divorce, we should expect to find broken home conditions appearing frequently in the history of delinquents. Shideler⁵ estimates that 40 per cent to 70 per cent of all delinquents have broken homes, and Bouser, in a study of delinquent boys and girls, found the father dead in 20 per cent of the cases of delinquent boys and in 63 per cent of the cases of delinquent girls. In the St. Louis juvenile court, during the period from 1909 to 1913, the percentage of girls from broken homes was 62 per cent, boys 44 per cent. Sutherland⁶ concludes from these figures that the supervision of both parents is necessary for girls more than for boys, or that the economic position resulting from the loss of one parent affects the girls more seriously than the boys.

In answer to our question on the nationality of the parents.

⁵ *Family Disintegration and the Delinquent Boy in the United States*. By E. H. Shideler. *Journal of Criminal Law and Criminology*. January, 1918. P. 709-32.

⁶ *Criminology*. By E. H. Sutherland. Philadelphia: J. B. Lippincott, 1924.

Let us again quote from Anne T. Bingham. She found that 18.8 per cent of the parents were both American-born; 65.2 per cent of the parents were both foreign-born; 12.0 per cent of the parents were one parent foreign-born; and the nationality of 9.0 per cent of the parents was unknown.

These findings are concurred in by many others. What deduction shall we draw from the fact that 77 per cent of delinquents have one or both parents of foreign birth? Does this mean that the parents are unadjusted in our community, perhaps do not speak our language, and lose the respect and authority over their children, or does it mean that these foreign parents have a moral code differing from ours? These are questions difficult to answer. The fact that comparatively so few sex delinquents of American parentage have come to the organized agencies for handling these cases perhaps merely shows that American parents handle these cases privately.

Every year several cases of young girls of good families are brought to me for examination by the parents, and, indeed, of late years, the young offenders are coming to me unattended. Such cases must be comparatively common, and, of course, they escape any form of tabulation.

Dr. Lewellys Franklin Barker, Professor Emeritus of Medicine at Johns Hopkins University, in a semipublic lecture at the University of Washington last summer, said that the young people were in a modified way having trial marriages. The ease with which contraceptives are purchased at cigar stores and drug stores has given youth a false sense of security from possible infection and conception, and in the absence of any idealism about marriage and home many have in their own language "gone the limit."

Dr. Katharine B. Davis,⁷ formerly Superintendent of the New York State Reformatory for Women at Bedford Hills, has made a careful analysis of the life histories of 647 pros-

⁷ *Commercialized Prostitution in New York City*. By G. J. Kneeland. Chapter VIII by Katharine B. Davis. New York: Century, 1917. 344 p.

titutes committed to that institution from New York City, which throws light on the conditions under which girls begin their sexual delinquency. Of the 647 girls only 15 or 2.4 per cent had fathers belonging to the professional classes.

The average wage of the girls who had worked was maximum of \$8.00 a week. One hundred and forty-six girls reported their average weekly maximum from prostitution at \$71.00, and 95 girls their weekly minimum at \$46.00. Thirty-eight girls gave figures from \$100.00 to \$400.00 a week. Dr. Davis says these last must be taken with allowances, but it is true that prostitutes make four times what they can earn in any legitimate business.

Dr. Davis attempted to determine the causes leading up to prostitution from the standpoint of the girl. Two hundred and seventy-nine girls gave 671 reasons: 306, bad family life; 55, bad married life; 48, desire for pleasure (theatres, food, clothes); 75, desire for money, hated work; 10, no sex instruction; 10, lover put girl on street; 10, ruined any way; 75, bad company.

There is a large group of young women who are sexual delinquents, but who are seldom brought before any investigating body and who are entirely exempt from the police graft system. These are girls who are more or less steadily employed and who have irregular sex experiences, occasionally for monetary gain, but more commonly in exchange for a good time. In fact, these girls consider themselves quite apart from the prostitutes for three reasons: first, they have other means of support; secondly, they have only one or two men with whom they have intercourse; thirdly, they charge no fee. They feel no inferiority.

To summarize these facts we may say the majority of statistics show that the sexually delinquent girl is not sufficiently below the average girl in mentality or physical condition to convince one that these are important factors of her delinquency.

The fact that all of the 297 prostitutes named had home conditions as a cause of their downfall, and that we find 60

per cent of all delinquent girls coming from broken homes, and 77 per cent of them with at least one parent of foreign birth, seems to indicate that unfortunate home conditions are definitely contributing factors to delinquency. We must be extremely careful, of course, not to say that home conditions are the actual cause of delinquency, because the majority of children under these same conditions do not become delinquent.

As I have said before, I see many cases of sex delinquents among the better class in my private practice, and I have grown to feel that there are many factors which contribute to letting down the bars of chastity: First, I would name sexual experiences in childhood. Bad practices taught by maids and senile degenerates as well as other children; second, early sexual development. The overweight, overheight girl. Played with as a child, but whose reactions are mature; third, lack of any sex instruction. No knowledge that even a girl may lose her head, spooning, as well as drinking; fourth, lack of any idealism. At this point let me say that the young women who come to me, thinking that they are perhaps pregnant, have been told by their men friends that every one has abortions, that there is nothing to that. When I explain that there is life in the foetus, when I show them pictures of the hands and feet at that development, they simply say, "I cannot face the disgrace. I am going to get rid of it." When I argue that it is murder, that the law of the land so holds it, they retort, "No one will know"; fifth, the desire to be a good sport, to be popular; sixth, the lack of a home, where confidences are exchanged, where a father and mother live nobly.

In closing I want to express my belief that the pendulum has swung about its limit on the side of lawlessness and individual freedom. Soon we shall be getting the children of these young people who know too well the dangers of the path they trod, and who will lend an active interest in closing demoralizing places of amusement. Will they be wise enough to know that it is not enough to eradicate places of social depravity, but that they must fill their children's souls with idealism?

THE FIGHT AGAINST LICENSED PROSTITUTION IN JAPAN

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EDITOR'S NOTE: This is one of a series of articles printed from time to time on the trend of social hygiene in other countries. It should be borne in mind that this article deals largely with one Province, and that there are many shades of opinion and practice in Japan as a whole just as there are in the United States. Necessarily the brevity of the article has necessitated the making of statements which may seem dogmatic or too general, but the author has tried to present a picture of changing public opinion rather than a detailed statement.

One of the really live questions in social welfare circles in Japan at the present time is that of the abolition of the system of public licensed prostitution. From the Privy Council down the matter is receiving attention in many quarters. It is no secret that there has been some pressure brought to bear from the side of the League of Nations, and the matter is evidently being carefully studied by the government. A recent newspaper carried the statement that "the Home Department is considering the advisability of abolishing licensed prostitution and in its place recognizing private prostitution." This plan of attempting to regulate private prostitution has been tried and found wanting in Europe and America, and we may hope that the government will be better advised than to attempt it in Japan. The leading newspapers are quite largely on the side of abolition. The Tokyo *Asahi* recently had an editorial arguing in its favor. The Osaka *Asahi* and *Mainichi* have more than once given voice to the same sentiments, and the best opinion in the country is surely, if slowly, lining up on the side of abolition.

HISTORY OF THE MOVEMENT.—When the Yoshiwara and other prostitution quarters in Tokyo were destroyed in the fire which followed the earthquake in 1923, a movement was set

on foot by the Women's Christian Temperance Union and the Purity Society (Kakusei Kwai) asking that these quarters be banished from the city. Petitions were presented to the Home Office and a bill was introduced in the Diet. One hundred members were found who were willing to put their signatures to the bill. That number included two former cabinet ministers. While the bill was still in Committee the unfortunate attempt on the life of the Crown Prince was made and the Diet was dissolved.

Nothing daunted a second bill was introduced a year later. This bill asked that no new houses of prostitution be permitted and that no new women be granted licenses. In this way the business would die a natural death in six or seven years—the average term of service of the inmate. Seventy-seven members signed this bill. It went to a special committee of the Diet, and although it was reported unfavorably to the House in February, 1925, it was debated and voted upon. The fact that 53 members in a small house of 210 were found to vote for it at its first introduction, in spite of strenuous efforts on the part of "the trade," augurs well for the early passage of the measure. Those at the head of this movement estimate that the same proportion would hold throughout the Empire, that is, if the matter were put to a popular vote probably 25 per cent of the people would vote for abolition. The supporters of the bill are pledged to introduce it year by year until success is gained.

Along with this effort in the Central Diet, similar efforts have been made in two of the provinces, for the various provinces have local jurisdiction in the matter.

As is well known, one prefecture, Gumma, has had no licensed prostitute quarters for over 30 years, and despite repeated attempts on the part of the trade to obtain permission to reestablish these quarters, the prefectural authorities always turn a deaf ear. Wakayama prefecture ranks next with licensed quarters in only two places. This system of licensed prostitute quarters, rotten to the very foundation, is

surely tottering at this time. It is up to the social forces to give it a push wherever possible and thus hasten its fall.

TRAFFIC IN WOMEN TREATY.—The agreement regarding the woman and child traffic was first made in 1910 by the European and American nations. Upon the organization of the League of Nations following the World War, the operation of the agreement was turned over to the League. At that time, the Japanese Government announced its willingness to be a member nation approving the agreement. Later this attitude of the Japanese Government changed, due to a difference of opinion among the authorities in the Department of Home Affairs.

It is said that although England and Italy sought reservations for the exemption of their colonies from the scope of the treaty, Japan and Siam were the only nations which insisted on a reservation demanding the reduction of the age limit.

Baron Gonsuke Hayashi, who was the Japanese representative at the League of Nations conference in 1921, signed the treaty for Japan with a reservation on the act which specifies women below 21 years of age. The reservation was made as a result of the demand that the age limit be lowered to 18. It was also pointed out by Japan that the Japanese colonies should be exempt from the scope of the treaty. In Japan licensed prostitution of women above 18 is permitted under law, and the reason for the movement to get sanction of the treaty without reservation is that the law on the age limit for prostitution in Japan may be operative in concert with the national agreement.

Mrs. Ochimi Kubushiro, general secretary of the Japan Woman's Christian Temperance Union, in an interview with a representative of *The Japan Advertiser*, pointed out that Japan, as a first class nation, has signed many treaties with foreign countries since the early Meiji era, and she is proud to say that only in a few instances have reservations been made for Japan in such treaties. She said further: "From the viewpoint of humanity and respectability of the nation it

is unbearable to think that the Japanese Government should seek in this international treaty a reservation insisting on the reduction of the age limit for woman and child traffic from 21 years to 18 years and the exemption of Japanese colonies from the scope of the treaty. Such an attitude of the government is inconsistent with the national interest."

Social Welfare organizations combined to conduct a campaign throughout Japan to bring about the unreserved sanction of the League of Nations treaty prohibiting woman and child traffic. As a result the Japanese Government ratified on September 28, 1925, the International Convention for the Suppression of the Traffic in Women and Children, signed at Geneva on September 30, 1921. Also, the Japanese Government adhered on October 20, 1925, to the International Convention for the Suppression of the White Slave Traffic, signed at Paris on March 4, 1910, and consequently the adhesion of Japan to the International Arrangement of 1904 has been obtained by right.

REPORT ON SYSTEM OF LICENSED PROSTITUTION IN JAPAN.—Believing that the system is wrong and that the fundamental need is to do away with licensed prostitution and the system of allowing capitalists to trade in women's chastity, the Social Department of the National Christian Council of Japan made a survey of the system of licensed prostitution in Japan which was published July 16, 1925. This very detailed and complete report was concerned with the present status of the licensed prostitute and the brothels, regulations for the control of licensed prostitutes, regulations for the control of the licensed brothel and hikitechaya (tea-house intermediary to a brothel), the kind of women who become prostitutes, motives for becoming a prostitute, old tricks of the middlemen, the formalities of becoming a prostitute, life of a prostitute, income and expenditure of a prostitute, difficulty of retirement, and preventive measures adopted by the masters of brothels. It was estimated that there were 51,143 licensed prostitutes in Japan,

16,435 of whom had served less than one year, 21,200, less than three years, 8261 less than five years, 3463 less than seven years, 1325 less than 10 years, and 459 more than 10 years. The age of the licensed prostitute was found to vary from 18 to over 40 years; 8930 of the prostitutes being between 18 and 20 years of age, 191 above forty years of age, and 28,393, the largest number in any age group, being between 20 and 25 years of age.

According to the statistics girls do not become prostitutes of their own accord and prostitutes are recruited almost entirely from the illiterate classes. The middlemen, who procure the girls for purposes of prostitution, seek them in the remote villages where there are few educational advantages and not a little poverty. The industrial classes from which prostitutes come rank as follows beginning with the highest number of girls: farmers' daughters, 3552; shakufu (waitresses), 3281; servants, 2872; factory girls, 1797; Geisha girls, 1607; girls with no occupation, 1487; merchants' daughters, 535; day laborers' daughters, 433; fishermen's daughters, 323; shogi (prostitutes), 374; nakai (low class waitresses and barmaids), 182; barbers, 140; sewing girls, 136; others, 847.

The middlemen in their search for future prostitutes often take note of the homes where there are young girls, and soon find out everything about them. They tell them how gay the lives of prostitutes are; how they wear beautiful silk dresses; how some of them may marry "grand" people and go back to their homes in splendor; how some are living in luxury; and how much more pleasant it is to live a life of leisure than to sweat with hard work. They tell the girls that it would be filial to their parents to help them by sending money every month, while at the same time they themselves could live in comfort.

They try to influence the parents by such arguments: "You will get 1000 yen or 2000 yen, and you who are a poor farmer to-day will be a landowner to-morrow. If you are so poor that you can not buy your medicine, this money will even

enable you to enter a hospital in the city. It depends on your decision whether or not you receive this money, which is a gift of heaven, whether you will or will not be cured of the disease you now think incurable, and enjoy a long life. It will not kill your daughters. There is an old saying that there is a chance for success in the palace of the licensed quarter (kuruwa). It is a grand place."

In some cases, the middlemen deem it wise not to tell the girls they are going to be made prostitutes. They say rather that they are taking them as maids to a great mansion or as waitresses to some high-class restaurant, where the Ministers of State go. They get them to sign their seals blindly to an agreement or sometimes to sign their seals on a blank letter of attorney for 500 yen or 1000 yen. The poor parents repent too late when they discover that their daughters have been taken to brothels.

The price of these girls varies according to their beauty and age, but, generally speaking, it is between 1000 yen and 2000 yen. The term of obligation is limited to six years, so a contract is drawn up for six years. Suppose the price is 1500 yen. It requires 100 yen commission for the middleman, 200 yen payment for the girl's clothes, toilet stand, and accessories, and 50 yen for her traveling expenses. These sums having been subtracted, the girl's guardian receives a little over 1000 yen.

According to law, the keeper of a brothel has no right to restrict the liberty of a prostitute. But in actual fact the brothel keeper controls her correspondence, her choice of guests, her time, and she is a slave who can do only what she is told to do, and who is not allowed to go out except in the company of a guard.

The number of prostitutes taken in the 9th year of Taisho amounted to 51,143; the number of guests, 27,456,053; and the amount of money spent, 118,252,650 yen. That means an average of 536 guests for each prostitute, an average of 45

guests a month, or one and a half a day; while the expenditure of one guest amounts to a little less than 4.32 yen.

According to the contract, when the fee from one guest is 2 yen, the keeper receives half of it; one-quarter is taken for board; and the remaining 50 sen is supposed to be the girl's income. Consequently, her daily income is 75 sen, and her monthly income is 22.50 yen. However, out of her income she is supposed to pay monthly for personal and other expenses 79.33 yen. This means a monthly deficit of 56.83 yen. In this way, her debt gradually increases. This calculation may differ slightly in different localities. Of the 87 prostitutes who have been set free by the Salvation Army, 53 of them had a greater debt than they started with, while 34 had decreased their debts a little.

According to the regulations, a prostitute can retire whenever she likes, but actual conditions are different. The fact is that a prostitute is not allowed to retire voluntarily. Out of 9967 prostitutes retired, only 51 come under the heading of unrestricted retirement. The regulation says that a prostitute can apply for retirement by letter or orally, but in reality she is not allowed to retire by applying by letter. She must appear at the police station in person and this the brothel keeper makes impossible for her to do. Retirement usually means a great loss to the keeper of the brothel. Consequently, it is quite natural that he should oppose unrestricted retirement. As a result, there are only two courses for the prostitute to follow, either to live a desperate life or to commit suicide.

EFFORTS TOWARD ABOLITION OF PROSTITUTION IN THE PROVINCE OF SHINSHU.—Much has been done, especially in the province of Shinshu, to bring about the abolition of prostitution. The forces in Tokyo, which were endeavoring to prevent the rebuilding of the Yoshiwara, appealed for assistance from the provinces. We had no preparation, no literature, and no organization at that time. But we had several thousand

copies of the Tokyo petition printed and we distributed them with a letter to most of the churches and to some 550 enquirers in our Newspaper Evangelism mailing lists. In less than two weeks over 1200 signatures had been sent in. I received many such letters as the following: "We have long wanted to strike a blow at this evil system, but there seemed to be nothing we could do. We are grateful to you for giving us this opportunity of doing something concrete in the matter," or "Please go on with this movement until our country is rid of this system which has destroyed so many homes." The churches turned in 800 signatures and the total of 1500 was sent in to the Central Committee in Tokyo.

So encouraging was the response that we gathered a group of those in our own city of Matsumoto, who had been most interested in the campaign, and formed a local branch of the Kakusei Kwai (National Purity Society). This is the society founded by the late Hon. S. Shimada and now presided over by Dr. I. Abe, Dean of Waseda University.

Last fall, under the auspices of this local Purity Society, the second campaign was put on, just before the meeting of the Prefectural Assembly. This time we were able to distribute 2500 pamphlets on the subject. The newspapers gave us ample assistance. We circulated a petition addressed to the Governor setting forth the evils of licensed prostitution and asked that it be abolished throughout our prefecture. All of the missionaries, most of the churches, and a gratifying number of non-Christians worked most heartily. Altogether 11,000 signatures were secured. This, in itself, as a demonstration against prostitution, was a worth while achievement, but it is possible that the largest value was educational. Up until this time little thought had been given to the matter of prostitution. If thought of at all it was looked on as a necessary evil. Now public opinion was aroused as never before. The pros and cons were discussed on all sides. Newspaper articles from the brothel keeper's point of view were called forth. These articles, in general, admitted that, ideally, the

case was with the abolitionists, but argued that abolition was not practical in the present state of Japanese civilization—a sorry admission. In many of the Young Men's Associations the matter was debated and one country association of the Y. M. A.'s (Seinendan) passed a resolution in favor of abolition. In January, 1925, the association of Matsumoto city and the three adjacent counties meeting in joint session, with 500 delegates in attendance, passed the same resolution. And so evidence is accumulating that public opinion is growing in opposition to the system and with a little organization can be registered in a demonstration.

This old system of licensed prostitution, one of the last relics of feudalism, is greatly out of place in 20th Century Japan. If the social forces would take the lead there are many high-minded people in every province who would join the crusade for a purer Japan.

THE NEED AND POSSIBILITIES FOR SERVICE OF A SOCIAL HYGIENE WORKER FOR VENEREAL DISEASE CLINIC

A REPORT TO THE NORTH END COMMUNITY CLINIC OF
DETROIT, MICHIGAN

CHARLES W. MARGOLD

Michigan State Normal College, Ypsilanti, Michigan

The scientific way to organize a new work, even if it be as some take it the meeting of so clear a need as adding a social service worker for the social hygiene and venereal disease follow-up tasks of your community clinic, is to examine the pertinent facts and to reason from them.

Considering the actual circumstances and deducing from them what the need for the particular work really is seems a promising way to start studying the situation and also to get reliable ideas as to what can be done. Trying out these various ideas tentatively, in practice on a small scale, guides us on what ought to be attempted in the large.

With this aim in view, the following facts and figures have been assembled from the various office records of your urology clinic.

To begin with, we worked out several tables showing the number of venereal disease patients treated during the first nineteen months of the operation of your urology clinic. Following are some data of the total number of patients admitted, the percentage of these discharged as condition arrested, or "cured," or as being treated by private physicians; also the percentage delinquent, or the percentage of those who, after beginning treatment, ceased coming before their treatment was completed.

TABLE I
NUMBER, DISEASE, AND MARITAL CONDITION OF TOTAL NUMBER OF
VENEREAL DISEASE PATIENTS ADMITTED

In year 1924 admitted.....	161
During January to July, 1925.....	124
Total.....	285
Number having gonorrhea.....	176
Number having syphilis.....	106
No definite diagnosis.....	3
Total.....	285
Number married	100
Number single	174
Number widowed	5
Number divorced	4
Number separated	1
Marital condition not indicated.....	1
Total.....	285

Table I tells us that the total number admitted to the clinic was 285 patients, 161 having come in during the first year, and 124 so far in the second year. Those who came in during the first six months of the second year of the clinic were only 37 less than the whole number of those admitted during the preceding year. Evidently, the clinic is growing. This table also gives us the facts concerning the proportion between gonorrhea and syphilis. What for our immediate purpose is

especially interesting is the fact concerning the large number of those among the patients who are or were married—110 or almost 39 per cent.

TABLE II
TOTAL NUMBER OF PATIENTS DISCHARGED

Total number discharged during whole period January, 1924 to July, 1925..	22
	or 7.7 per cent
Number discharged as <i>condition arrested</i>	17
	or 6.0 per cent
Number of these having gonorrhea.....	14
Number of these having syphilis.....	3
Number discharged as being treated by private physician.....	6

Table II does not surprise us, especially if we take into consideration the short time the clinic was in existence and the long time required to actually arrest a condition of syphilis or to cure completely a gonorrheal infection. Only 6 per cent of the patients admitted were discharged as "cured." But that is a good number considering the fact that those discharged probably actually were cured, as the clinic director took no chances.

TABLE III
TOTAL NUMBER ACTIVE

Total number of patients *active* (i.e., have been at clinic since July 31st), 74, or 26 per cent

Number of male.....	67	Number married	29
Number of female.....	7	Number single	40
Number of gonorrhea.....	32	Number widowed	4
Number having syphilis.....	41	Number divorced	1
Number having no diagnosis...	1		

The total number of cases active and the percentage this number bears to the total number admitted brings us to our present interest of the need for follow-up work. Of the patients admitted, 26 per cent, according to Table III, remained active, that is, have continued to come to the clinic to receive treatment. Those who were or are married seem to tend to stay. So do those having syphilis rather than gonorrhea.

TABLE IV

TOTAL NUMBER DELINQUENT

Total number of patients *delinquent* (i.e., have not been in clinic since July 31st),
189, or 66 per cent

Number of male.....	174	Number married	65
Number of female.....	15	Number single	118
Number having gonorrhea.....	32	Number widowed	1
Number having syphilis.....	60	Number divorced	3
Number having no diagnosis...	2	Number separated	1
		Not indicated	1

Are we surprised by the large number delinquent? No less than 66 per cent of those admitted—11 times the number of those discharged as needing no further treatment—and over two and a half times the number active—stopped coming before their treatment was completed.

TABLE V

DATE OF LAST VISIT AND NUMBER DELINQUENT

Number of delinquent patients who have not been at clinic—

Since September, 1924....	189	
Since October, 1924.....	184,	(5 became delinquent in October)
Since November, 1924.....	172,	(12, in November)
Since December, 1924.....	157,	(15, in December)
Since January, 1925.....	140,	(17, in January)
Since February, 1925.....	124,	(16, in February)
Since March, 1925.....	115,	(9, in March)
Since April, 1925.....	92,	(23, in April)
Since May, 1925.....	80,	(12, in May)
Since June, 1925.....	54,	(26, in June)
Since July, 1925.....	24,	(30, in July)
Since August, 1925.....		(The remainder became delinquent in August)

The next three tables give us some more detailed information about the patients who did not come until cured or until their condition was arrested. Table V tells us that the reason for their ceasing to come was not due to something sudden, some change of policy at the clinic, some change of personnel among the physicians, some condition of the weather. It was probably because they get tired of coming. The special need of their attending until discharged had not been adequately impressed upon them. Just as if they had gone to quacks, they were thrown on their own resources before cured.

TABLE VI
NUMBER OF TREATMENTS RECEIVED AT CLINIC BY PATIENTS BEFORE BECOMING
DELINQUENT

18 patients received one treatment and never came again
44, 2 to 5 treatments
47, 6 to 10 treatments
31, 11 to 20 treatments
30, 21 to 29 treatments
11, 31 to 40 treatments
4, 41 to 45 treatments
1 patient received 49 treatments before he stopped coming
1, 52 treatments
1, 63 treatments
1, 65 treatments

Table VI shows that it was not the fact that they did not like the clinic at their first visit that kept patients from coming. Only 18 patients failed to appear again after their first treatment. They seem to have stopped coming when their condition was somewhat improved—91 did not come after they had got from 2 to 10 treatments. They apparently are easily satisfied, not sufficiently impressed that improvement of outward conditions does not mean cure or no further need for medical care. In this table all patients with a syphilitic or gonorrheal infection are for brevity considered under one heading. It is not meant to imply that the treatment of the two diseases is in any way similar, specially as to length of time.

Table VII concerns itself with the ages of those becoming delinquent. The distribution of ages of delinquent patients is similar to the distribution of the total group. The greater number are males between the ages of 21 and 30. More than half of the number of women becoming delinquent are also in this age group. They are the people who are most likely to be active sexually, thus spreading the diseases and, no sooner are they married than they may infect their mates, and, possibly, their offspring.

That efforts to anticipate, prevent, and decrease the large percentage of patients ceasing to attend the clinic until dis-

TABLE VII

AGES OF THOSE BECOMING DELINQUENT

Males 20 years and under.....	21
Males 21 years and through 30.....	108
Males 31 years and through 45.....	39
Males 46 years and older.....	6
<hr/>	
Total male delinquent.....	174
Females 20 years and under.....	2
Females 21 years and through 30.....	8
Females 31 years and through 45.....	0
Females 46 years and older.....	3
Ages not stated, females.....	2
<hr/>	
Total female delinquent.....	15

charged are necessary, seems clear. However, what can be done? And how much of a job is the doing of it? Tables I and VIII seem to indicate that the actual volume of work at the present time might not warrant the employment of a full-time worker for this purpose although certainly a part-time worker would be invaluable. That seems the case, of course, unless you would want her to attack the problem in its larger aspects, as a community social hygiene endeavor.

TABLE VIII

NUMBER OF VISITS TO CLINIC BY VENEREAL DISEASE PATIENTS MONTHLY

Year, 1924		Year, 1925	
	Number of visits		Number of visits
January-June	330	January	382
July	330	February	397
August	398	March	478
September	325	April	391
October	407	May	362
November	446	June	415
December	367	July	296

Many things can be said, I suppose, about what the work of social service for venereal disease patients at your clinic could and should involve, especially if you decide to enter into the larger community aspect of the work. However, it will prob-

ably be out of the place, if not superfluous, here, to outline such work. I must suggest, though, that it would seem that the personal interview with patients as they come to the clinic, especially after diagnosis has been established, will always remain a most important part of the follow-up case-work. So far, I have found home visiting neither an easy nor successful way of follow-up.

I must also remark that you have a great need for better records, more complete face cards, standardized record forms, and so on, these to be more accurately and more completely filled out. At present the records available at your office show unmistakably that you had no social worker in charge.

EARLY MARRIAGE AND HAPPINESS

PAUL POPENOE

Pasadena, California

The study¹ of *Happiness in Relation to Age at Marriage*, by Hornell Hart and Wilmer Shields, is welcome as a contribution to a subject that needs much more study; but the danger of drawing premature conclusions from any single investigation is so great that I would like to make even stronger the warning they themselves have given.

1. The findings in their investigation are not borne out by another and more extensive investigation, which they do not mention, on virtually the same data. S. Howard Patterson's study,² which dealt with cases of desertion and non-support in the Philadelphia Domestic Relations Court a few years earlier, indicated that early marriage (under 20 years of age) did not result in a significantly larger proportion of marital difficulties than did marriages at later ages.

¹ Hart, Hornell, and Wilmer Shields. "Happiness in Relation to Age at Marriage." *Journal of Social Hygiene*, XII: 403-7, October, 1926.

² Patterson, S. Howard. "Family Desertion and Non-Support, II." *Journal of Delinquency*, VII: 299-333, November, 1922.

2. Even if the findings of Hart and Shields were correct and could be confirmed, it by no means follows that what is true of a large and congested city like Philadelphia is true elsewhere. It is not only possible, but seems to me likely, that conditions would be different in the rural districts and small towns, where more than half of the American population lives. When dealing with any findings under the biologically unnatural and unfavorable environment of a large city, one must use great care not to regard them as normal biological data.

3. The fact that a marriage gets into the domestic relations court is not the only test of its unhappiness. Many other marriages may be just as unhappy or more so, but the partners may be prevented from running to court with their troubles because of self-respect, persuasion by relatives, interests of children, wealth enough to live apart, and so on. Those who resort to the courts may be a selected lot, characterized by less self-respect, fewer inhibitions, less foresight and consideration for the future, and the like. If so, their behavior should not be made the basis for rules to be imposed on the more normal.

4. It is scarcely open to question that, as the authors themselves suggest, the early marriages in the group studied represent a selected lot in other ways.

Many of them are perhaps wayward children, who come from joyless and traditionless homes, who are resentful of family and all other discipline, and who are determined to strike out for themselves. They have not the stability to succeed in matrimony or anything else. A similar situation was found by Katharine Bement Davis among college women.³ There were some who were nonconformists by nature.

Again, some of this early group made "forced marriages," which notoriously turn out badly.

³ Davis, Katharine Bement. "A Study of the Sex Life of the Normal Married Woman." *Journal of Social Hygiene*, VIII: 173-189 (April, 1922); IX: 2-26 (January, 1923); IX: 130-146 (March, 1923).

A much more important difference, I think, is based on intelligence. Those who marry under 20 are, for the most part, those who do not go to college, and who often do not even attend high school. They represent a stratum of the population that drops out to start work as soon as the labor laws permit. Those who marry late, and who are most likely to marry at precisely what the authors declare to be the "ideal" age, are the college graduates. But it is obvious that in addition to the increased age, they present innumerable other differences, many of which are of almost inestimable advantage for adjustment in marriage. They are more intelligent not merely because they have had more tuition, but still more because they come from a higher stratum of society,—the economically successful or ambitious stratum that sends its sons and daughters to college.

It is known that intelligence and morality go together, and it may be that intelligence and happiness in marriage go together nowadays. Katharine Bement Davis' findings and the low divorce rate of college graduates, suggests that that is the fact. It would be profitable to make a thorough study of this point.

In the light of all these and many other similar considerations, I believe that Hart and Shields have fallen into a very common statistical error, by comparing two groups that should not be compared. The unhappy people who married young are not at all the same kind of people as the happy ones who married 10 years later; and the difference in age is one of the least of the differences between them. Conclusions reached by lumping together such discrepant groups are invalid.

5. The couples who married young had had more time to reach the court than had those who married later. The cases studied were those that came before the court in two months of 1924. A couple that married under 20 might well have lived through more years of married life than a couple married at the age of 35 who came before the judge in the same year. If there is any relation between duration of married

life and likelihood of shipwreck, the couples married longest would predominate here. The couple married at the age of 35 might not have reached the courtroom in June, 1924, but might have arrived there in January, 1925.

This serious difficulty could be avoided by studying couples, all of whom had been married the same number of years. It is possible that the authors took measures to avoid this statistical fallacy. If so, the fact is not plain to me from their account. If they did not, their findings are weighted in favor of the older-at-marriage and to the disadvantage of the younger-at-marriage.

6. Moreover, any recommendation as to age for marriage that is based solely on the happiness of the partners (as measured by avoidance of the Domestic Relations Court), or on what they, totally uneducated as they are for marriage, suppose to be happiness, ignores a number of fundamental biological considerations that can not be ignored without disaster. It is short-sighted. It takes no account of the rapid increase in barrenness, still-births, miscarriages, infant mortality, and difficult labor, that accompanies a girl with every year of delay in marriage, and which to most families would mean a great deal of unhappiness.

It overlooks some matters of great public interest, such as the increase in the amount of venereal disease infection, and of premarital incontinence, that may go with delayed marriage in both sexes.

Hart and Shields advise that while the ideal age for marriage of men is about 29, it may be postponed to 33 without any drawbacks. This is five or six years later than the average age at marriage of the entire male population of the United States. Most biologists, I think, consider that the average at present is quite late enough, from the personal as well as from the social and eugenic points of view.

But there are so many forces, based on economics, prejudice, selfishness, and the like, pushing for delayed marriage, that any supposed evidence in its favor is often unduly exploited.

Hence the findings of a small and incomplete study like that of Hart and Shields may be quoted in a way that they themselves would be the last to desire.

7. Finally, it is a fair question whether the investigation of Hart and Shields is not based on wholly wrong premises, from a logical point of view. It seems to assume that whatever conditions exist in a city like Philadelphia are God-given and immutable, and that no matter how unfavorable they may be to normal marriage and family life, the only thing to do is to rearrange society to correspond.

This is a widespread fallacy among social workers, and one that is doing immeasurable harm. It is one aspect of the popular American policy of tinkering with effects instead of going down to causes. It has led people to try to segregate and sanitize prostitution instead of to abolish it. It leads some to want to "regulate" free love instead of to attack it. It leads others to ask that abortion be made legal, instead of making every effort to eliminate it; and so on in an endless list.

Suppose for the sake of argument that marriage is happiest, under the biologically intolerable conditions that exist in large cities at the present day, if it is entered only at an age that carries with it many serious drawbacks. Should society devote its energy to making people marry at that age, as Hart and Shields desire; or should it devote that energy to remedying the abnormal conditions which make normal marriage unhappy and abnormal marriage happy?

Might it not better undertake to educate young people for matrimony, so that those who have the capacity to profit by education, and who marry at 20 or 25, will be as well equipped to make family life a success as they would be if they waited, under present conditions, 10 years longer?

It seems to me, in short, that such studies as this of Hart and Shields begin at the wrong end. A sounder procedure is that which the eugenists of the world have been following for half a century: to ascertain what age of marriage is most

favorable biologically, as measured by the interests of both parents and children; to determine what age is most favorable socially in producing orderly and progressive evolution and avoiding the development of evils and abnormalities; and then to inquire whether such unfavorable economic and social conditions in congested urban areas, as may interfere with any of these necessary pre-requisites of progressive evolution, can not be changed.

It is easier to make marriage "as is;" to assume that whatever is, is right in this best of all possible worlds. But it is not always advisable for a nation, any more than for the harassed heroine of a stage melodrama, to adopt "the easiest way."

EDITORIALS

THE LITERATURE OF OPPORTUNISM

Many half-baked articles on sex problems are finding their way into the popular magazines of to-day although the quality group of periodicals still keep their discussions on a consistently high plane. There seems to be a tendency on the part of the less intellectual periodicals, however, to come down to the level of their most tawdry compatriots in exploiting unbalanced articles and stories dealing with sex relationships. Conjectures based on isolated instances of misconduct are combined with a pseudo-scientific jargon and published with a flourish of publicity trumpets as contributions "to the solution of present day sex problems." To make matters worse, these effusions often appear as the brain children of men and women of considerable standing in their own fields. A groping and non-selective public, seeing these apparently authoritative contributions, swallows them hook, line and sinker and the result is a further distortion and confusion of minds on the matters dealt with.

To the opportunist publisher and news dealer the main point is embodied in the slogan "Sex Sells." With this as a rallying cry they have shown themselves willing to make their wares fit a demand which they are constantly stimulating, thereby making themselves largely responsible for its existence and growth.

If they continue to grow bolder and balder in their offenses against honesty and decency, the logical result will be some stringent and probably objectionable form of official censorship. Then having to face an aroused—perhaps enraged—public opinion, they will fall back on their old reliable shibboleth, "liberty of speech." Would they not be better advised if they should start now to heed the qualification "liberty *without* license?"

WHERE HONOR IS DUE

Medical education owes a distinct debt of gratitude to those two institutions, Johns Hopkins University and Dr. William H. Welch—for who could, or would wish, to refute the claim that Dr. Welch, like his university, *is* an institution. The American Social Hygiene Association acknowledges for the social hygiene movement a generous portion of this debt inasmuch as Dr. Welch, both as a president of the Association and as one of its most able and helpful advisers, has contributed extensively to the research and practices in this field. It is, therefore, with a feeling of deep satisfaction that social hygienists and their allied groups note the designation of Dr. Welch as the first occupant of the chair for the history of medicine recently established by Johns Hopkins. They will agree with the *New York Times* in believing that "no one in America knows that history better."

The felicitous editorial from the *Times* yields these additional well-phrased tributes:

"Dr. Welch has already two major achievements to his credit. In 1884 he organized the faculty of Johns Hopkins

Medical School, and in 1916 he organized the Johns Hopkins School of Hygiene and Public Health. In the first he led 'a new departure in medical education,' and incidentally trained a number of the foremost pathologists of America, besides doing important research work himself. In the second, he organized and directed the work of the first medical institution in the world designed primarily to promote research and teaching in the field of preventive medicine and public health.

"Now he enters upon a third undertaking in which the cure and prevention of disease are linked into a unity. With his unusual experience and learning, unsurpassed since Dr. Osler's death, and with a personality drawing all men to him, he comes in the autumn of his life to give all of his own culture to the enrichment of those who are to carry on in his profession. Some may look upon such study as a mere ornament in medical practice; but his answer is that it is 'an asset to successful practice and to the pursuit of medical science.' It is essential to a further development of what we now have, to show how we came into possession of it. . . . It is the history of man's exploration and discovery in the cosmography of his own self that Dr. Welch will now teach; and his own achievement is the best testimony to the value of his subject. His entrance upon this work is itself another milestone in the history of medicine in America."

SOCIAL HYGIENE BULLETIN

*Continuing the SOCIAL HYGIENE BULLETIN which was published
as a separate monthly periodical from 1914 to
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The Unmarried Mother in Germany.—The Constitution of the German Republic includes an article which is designed to give illegitimate children the same conditions for their physical, spiritual, and social development as for those born in wedlock. This provision was accomplished partly through the influence of the women members of Parliament who took part in the National Assembly.

Frau Adele Schreiber, formerly Member of the Reichstag, in an article in the July, 1926, issue of *Maternity and Child Welfare*, estimates that in Germany illegitimate births usually average 10 per cent of the total number of births. And notwithstanding the law great numbers of children are denied their rights in the matter.

Formerly about 180,000 illegitimate children were born every year, and now, with a reduced birthrate, the number is about 150,000. The number is distributed irregularly over the whole of Germany, the country districts contributing an average of illegitimate children as high as the industrial districts and big towns. The surplus of women over men is great, amounting to 74 females for every 1000 males.

The legal rights of the mother against the child's father—costs of confinement and six weeks' subsequent livelihood—are frequently not claimed, owing to ignorance, helplessness, and psychological difficulties of the destitute mother. The law exempts the presumptive father from payment if the mother has had intercourse with any other man during the period in question, and this exemption incites perjury and fraud.

The unmarried mothers are to be found among all classes and professions, but the highest number comparatively is contributed by

domestic servants. It is difficult to reach a certain group of unmarried mothers because of education and social position: these women dread publicity and avoid the public bureaus. For such mothers private welfare work and individual treatment offers help.

Summer School at Balliol College.—Between July 26th and 31st the British Social Hygiene Council held a Summer School of the Council at Oxford. The inaugural address was delivered by the Right Hon. Sir Auckland Geddes and took place in the University Museum, while for most of the other meetings the Council was indebted to Balliol College for its hospitality. The Right Hon. H. A. L. Fisher presided over the inaugural meeting, and Sir Auckland Geddes chose for his address the subject of "Public Opinion and Social Customs." In the evening of the first day Dr. William F. Snow, General Director of the American Social Hygiene Association, spoke on "Retrospect and Forecast in Social Hygiene."

A feature of the week's work, in which the Council adopted the practice of the British Medical Association and the British Association, was the holding of two meetings open free to the general public, in addition to the inaugural meeting, the subjects discussed being "The Government and Social Hygiene," and "Juvenile Delinquency."

The subjects of the lectures reserved for members of the school covered a wide range. A long course was delivered by Dr. J. A. Hatfield on "The Materials of Character," "Psychological Mechanism," "Abnormalities of Mind and Character," and the "Psychological Conception of Sexuality," the series concluding with a conference. Professor S. M. Carr Saunders gave two addresses on "Biology and Social Hygiene," and these were followed by Dr. I. Feldman with two addresses on "Physiology and Social Hygiene," and the demonstration of a film on "Youth and Life." Dr. W. Brown discussed "The Adolescent and the Community," and "Early Marriage and its Problems," and Colonel L. W. Harrison lectured on "The Clinic and its Social Significance." A number of group discussions on various subjects were held from day to day.

Association for Medical Progress Elects Honorary President.—Mr. George Murnane, President of the American Association for Medical Progress, announces the election of Honorable Charles Evans Hughes as Honorary President of the Association succeeding the late Dr.

Charles W. Eliot who was long identified with the work of the Association.

The American Association for Medical Progress is an organization of laymen with staff headquarters in New York City. Its purpose is "to encourage experimental research for the advancement of medical science, and to inform the public concerning the methods and discoveries responsible for man's increasing control over animal and human diseases." Mr. Hughes has been for a considerable period connected with the Association as Honorary Vice-President.

Social Hygiene Development.—Sir Arthur Newsholme, formerly principal medical health officer, Local Government Board of England and Wales, in an article, "Impressions of the Cattaraugus County Health Demonstration," writes as follows:

—I attach great importance to one particular branch called the social hygiene branch of the demonstration, which has not yet been more than slightly developed. There are great possibilities in that branch of the work and it needs extending very greatly. It is work in which every social well wisher can do excellent work.

One has to realize that the parts of public health work in which the least success has been achieved in the past are those in which conduct is concerned. . . . Venereal diseases could be entirely abolished in one or at the most in two generations were the universal standard of conduct that which everyone in this room must regard as fundamentally necessary for the maintenance of family life and of racial health. I am quite certain that unless we give instruction and guidance in character training in our child welfare centers and in our elementary schools, and unless the mothers are fully instructed in the methods of training early character in childhood so that when the time of temptation arrives and storms of passion blow with cyclonic force, the paths of inhibition and resistance are fully developed, we shall not succeed in getting rid of the diseases, which are largely determined and kept in being by deficiency in conduct.

At a recent conference of the British Social Hygiene Council, Sir Arthur Newsholme spoke on "The Community and Social Hygiene," stating that for practical purposes irregular sex intercourse was responsible for syphilis and gonorrhea, and hence the control of these diseases rested upon developing public opinion against sex promiscuity. He went on to say that despite the sexual lapses since the great war the hope of controlling venereal diseases had become increasingly bright. He urged the adoption of the following measures in order to further reduce the incidence of the venereal diseases: a continuance of frankness in speaking on sexual problems; an increase

of the sense of social responsibility, especially as it relates to irregular sex relations; special courses on social hygiene and ethics for teachers; conferences between parents and teachers; and the teaching of biology, psychology, and hygiene in all secondary schools.

Getting at the Sources of Venereal Infection.—The New Jersey State Board of Health reports an encouraging degree of success in discovering sources of venereal infection. In increasing numbers they are being reported to the Board of Venereal Disease Control and placed under supervised medical treatment. The New Jersey plan is described in an interesting paper by Dr. A. J. Casselman, Consultant, and Dr. R. S. Patterson, Chief of the Bureau of Venereal Disease Control, which is published in the *Public Health News* for September, 1926.

“So far as the writers know,” says the article, “New Jersey is the only state in which a continuous and state-wide effort has been made to detect and place under supervision foci of venereal infection.” Practicing physicians of the state, state and local health departments, and state, county, and local police officials are making a united effort. Under this plan the physicians ask their patients, recently infected with gonorrhea or syphilis, to tell the name and address of the person who infected them, if they know these facts. This information is transmitted by the physician on his case report to the State Department of Health. If the person named is a professional prostitute the information is passed on—without giving the name of the physician or his patient—to the police official having jurisdiction. If the person named is a child, a man, or a woman who is apparently a clandestine prostitute, the information is transmitted to the health officer concerned. This disposition is made of these cases because it is assumed that a professional prostitute can be dealt with satisfactorily only by arrest, for otherwise she will evade supervision; on the other hand, a dependent child, or a man or woman with visible means of support or home ties, can best be treated by the health official.

When the case-finding campaign began physicians were often unwilling to ask their patients the names of the persons by whom they were infected, fearing resentment of the questioning. Many physicians now know that the questions, “When did you get the infection?” and “From whom did you get it?” do not frighten their patients when they are asked casually in the history taking.

As the number of physicians who take no history, ask no questions, and give treatment when and as their patients appear is small, most physicians can get this information if they will. And each year has seen an increase in the number of practicing physicians who have responded to the appeal of State and local health officials for this help.

Syphilis and Insanity.—In his address before the Wisconsin Conference of Social Work at its recent meeting in Milwaukee, Dr. W. F. Lorenz, chief of the Wisconsin Psychiatric Institute, said that of the delinquents and criminals who cost the United States \$10,000,000,000 one-fourth are feeble minded and 40 per cent are psychopathic personalities, relatively irresponsible for their acts.

He pointed out that syphilis is a direct cause in certain forms of insanity and that in large cities from 15 to 20 per cent of all admissions to hospitals for mental diseases are direct results of syphilis. In Wisconsin the percentage of admissions due to syphilis have been reduced one-half since 1915 as the result of the work of the institute.

He showed that 43 out of every 100 persons sentenced to Wisconsin penal and correctional institutions come from broken homes, and that 52 per cent of the inmates of the Industrial Home for Women, 50 per cent of those in the Industrial School for Girls, 35 per cent of state prison inmates, 41 per cent of those in the State Reformatory for Boys, and 39 per cent of those in the Industrial Home for Boys have in their backgrounds divorce, separation, death of parents, or economic stress and prolonged sickness in the home.

Research in Gonorrhea.—The June number of *Health and Empire*, the journal of the British Social Hygiene Council, comments editorially on the need for research in gonorrhea.

With Belgium having abandoned the idea of a subsidy for the treatment of gonorrhea on the ground of the ineffectiveness of present methods, the need for further and intense research on the disease and its treatment becomes more than ever imperative. Immense sums are being spent year by year, both privately and from public sources, in relief of those infected, but as compared with syphilis the results are far from satisfactory.

The popular belief still obtains that the disease is of little importance, and side by side with this belief there are the facts of young persons being crippled as a result of it, and of tragedies in after-life.

Syphilis became recognized as such, and certainly evolved in a virulent, noticeable form, as long ago as the close of the fifteenth century. It needed three centuries for a satisfactory form of treatment to be devised, but since the necessary work had been done, it became possible to cope with the scourge. Disease after disease, an uncontrollable mystery of a few years ago, has yielded to investigation, and gonorrhea is sufficiently important in the extent of its incidence and the gravity of its results to merit the expenditure of special effort.

Survey of the Incidence, Distribution and Facilities for the Treatment of Vulvo-Vaginitis.—The New York City Committee on Gonorrheal Vaginitis has just completed a survey of the incidence, distribution and facilities for the treatment of vulvo-vaginitis in New York City. Sociological data are presented in conjunction with the diversified clinical opinions regarding the etiological factors and therapeutic principles of vulvo-vaginitis. The study was made by Mrs. Kathleen Wehrbein, Executive Secretary of the Committee.

Constructive Sex Education and the Nurse.—The nurse's part in constructive sex education is considered by Henry M. Grant in an article on "Constructive Sex Education" that appears in the November issue of *The Pacific Coast Journal of Nursing*. He points out that although frankness makes for a wholesome attitude of mind, we have not materially changed our point of view as to the connection between "sex" and "vulgarity."

The nurse, he pointed out, with any ordinary training can tell parents that the truth about sex and reproduction must be told to young children for three very good reasons:

1. To prevent the development of an abnormal curiosity about the subject.

2. To instill a normal attitude toward the reproductive side of life. This is largely a matter of anticipating the information children usually acquire from the street. The attitude of mind first obtained is most firmly fixed and most strongly influences our lives.

3. To retain the confidence of the child in its parents as persons with whom the intimate facts of life can be discussed. The average parent has broken the bond of confidence so far as the side of sex life is concerned and later has been unable to renew it.

The nurse can give parents the kind of information every child should get before going to school. She can emphasize the importance of the way the information is given to the child and in general guide the parents in their task of constructive sex education.

Films of an Educational Character.—A Paris correspondent for the Journal of American Medical Association reports that a great effort is being made at present by the leagues of social hygiene to promote the use of films for general publicity purposes, an excellent method, which is not sufficiently applied in France. Motion pictures, he points out, have had a great influence in developing a taste for adventure among juveniles. Many young bandits learn their first lessons in banditry from the "movies." The film ought, therefore, to be used as a teacher of good rather than of evil. The League of Social Hygiene has prepared several instructive films to be used to disseminate ideas on public health. These are offered gratuitously, or at very low prices, to the motion picture theaters.

Social Hygiene in Washington University Summer School.—Dr. Harriet S. Cory, Educational Director of the Missouri Social Hygiene Association, gave a course of five lectures on "The Place of Social Hygiene in Character Education" at the Washington University Summer School by arrangement between the Dean of the Summer School, the head of the Department of Education, and the Missouri Social Hygiene Association.

The approach from the standpoint of character education was chosen because of the interest aroused in all phases of conduct and behavior as a result of a recent inclusion of Character Education as a distinct subject in the curriculum of the St. Louis Public Schools.

The course was designed to give to teachers especially a cursory view of the aims of social hygiene with special emphasis upon the methods of integrating sex education with the regular school subjects. Two lectures were devoted to the consideration of schools where this is being done, with a detailed study of their courses.

The lectures were open only to students in the Department of Education. No effort was made to stimulate attendance of the general public. The thought of the Department of Education was that the course might serve as an introduction of an inclusion of the subject in the curriculum of the education department.

The lectures were given as follows:

Wednesday, July 7—Basic Tendencies of Human Behavior and the Problem of Their Correlation and Development.

Friday, July 9—Desirable Early Training in the Home; Possible Effects of the Lack of Such Training.

Monday, July 12—Appropriate Education in the Grades; Its Normal Place in Relation to Nature Study, Literature, Physiology and Hygiene.

Wednesday, July 14—Appropriate Education in the High School; Its Relation to General Science, Biology, Physical Training, Home Economics, Social Science and Literature; Lesson Plans.

Friday, July 16—Education of Adults in Relation to Community Problems in Social Hygiene; Activities of the Federal Government, State and Local Agencies in Social Hygiene Education.

Venereal Disease Clinic in South Africa.—In 1920 the Johannesburg Council, with the coöperation of the *Hospital World*, established a clinic for the treatment of venereal diseases. It was the first of its kind in South Africa. Dr. Charles Porter, medical officer of health for Johannesburg, describes the work of the clinic in an article on Public Health Work in Johannesburg in the *World's Health* for September, 1926. There were 8,792 attendances at the clinic last year.

Offer Parenthood Courses.—Courses in home education are offered regularly by the Western Reserve University, according to the *Journal of the National Association* for October, 1926. More than one hundred fathers have enrolled in the course. "To connect all schools more closely," says the *Journal*, "with the life around them is the biggest problem facing this generation of educators. The world's knowledge must be brought to the rescue of the world's life."

Cleveland, Ohio, Has Morals Court.—A Morals Court was established in Cleveland, Ohio, in September, 1926, which has jurisdiction over all cases involving sex offenses. It is presided over by Judge Mary B. Grossman, and it affords excellent facilities for mental and physical examinations. During the investigation of their cases women will be held in the new Detention Home, which is under the direction of Captain Dorothy Doan Henry. Miss Eleanor Wembridge has been appointed referee of the Juvenile Court in Cleveland.

Legislation Supported by the National Vigilance Association.—In the forty-first annual report of the National Vigilance Association, London, England, for the year ending April 30, 1926, the Executive

Committee states that some useful reforms have been effected by legislation passed during the year and that others of a far-reaching nature are contemplated. The Guardianship of Infants Act (1925), the Summary Jurisdiction (Separation and Maintenance) Act, 1925, the Theatrical Employers Registration Act, 1925, have become law. The Criminal Justice Act, 1925, which came into effect, part on June 1st and part on July 1st, 1926, contains wider provisions for the punishment of persons exposing their person or obscene prints, and provisions which should enable the machinery of the law to deal more effectively with indecent or obscene literature, indecent assaults, etc. The Association is also giving careful consideration to the Judicial Proceedings (Regulation of Reports) Bill and the Criminal Justice (Increase of Penalties) Bill which are before Parliament. The former is designed to help free the Press from the sordid details of infidelities and crime, and the latter will make it possible to impose a period of penal servitude instead of imprisonment in cases where an offender is convicted on indictment of two or more offenses punishable in themselves only by imprisonment, and in respect of which he is liable to terms of imprisonment amounting in the aggregate to a period of not less than three years.

Other proposals of particular interest to the Association are those contained in the report of the Departmental Committee on the subject of sexual offenses against young persons, the questions of immoral plays, doubtful publications, and street solicitation. The Association has expended much time and energy on these problems, and the Executive Committee reports that they shall continue to work as they have in the past for the steady foundation of a sober public opinion.

Bombay Prevention of Prostitution Act.—The *Social Service Quarterly*, organ of the Social Service League, Bombay, comments, in its July, 1926, number, on the working of the Bombay Prevention of Prostitution Act. After two years, says the writer, it is disappointing to find the situation in Bombay pretty much what it was before the Act was passed. Perhaps a few outlying brothels have been closed, but the district is as prominent as ever, the number of women is not appreciably lessened, and recruiting is still going on in Gujarat and Kathimar, in Poona district, and the Konkan—there are always new faces to be seen in the brothels.

Although the article shows many inconsistencies in the Act, which it says is borrowed from the United Kingdom and is perfectly adapted

to conditions in Bombay, it finds the chief cause of failure is the public acquiescence to a double standard of morals and the consequent belief in the permanent necessity of brothels. However, it points out that the Act was only meant to be a first step on the road to the complete abolition of brothels, "which must be the final aim of all who have any hope for the future of humanity," and concludes that if any effective change of law is to be accomplished, "a change of heart must precede it. . . . We must work for the suppression of all that makes for artificial stimulus advice—the flaunting of it on the main roads—the touts who drag mere boys to the area who might otherwise have found healthy amusement outside—the procurer who plies his or her trade up-country—all these can and must be attacked without delay. The Children's Act will provide opportunities to deal constructively, instead of specially, with young delinquents. The full punishment allowed by law could be meted out to those who kidnap children and to those who live by the vice of others. The evil would be erroneously diminished and the way paved for total abolition."

East Side Health Centre Opens.—A model \$250,000 health centre was opened on New York City's congested East Side by the Milbank Memorial Fund November, 1926. According to an announcement made by John A. Kingsbury, Secretary of the Fund, in his annual report, a sum of \$2,000,000 is to be spent by the Fund to further public health work.

The building will house tuberculosis, social hygiene, dental, and infant welfare clinics, to be maintained by the New York City Department of Health. The Community Health Council will also have its headquarters there. An intensive campaign for the development of health education in the schools, the prevention of diphtheria and control of tuberculosis, the promotion of a social hygiene program, and the adoption of a nutrition program will be made.

A Conference "Concerning Parents."—The Child Study Association of America held a conference "Concerning Parents" at the Belvedere Hotel, Baltimore, November 30th and December 1st. Newer ways with children, infancy, childhood and adolescence, education and the summer play schools were some of the questions discussed. Parents were told how study groups could be formed in smaller places and three typical study groups were conducted for their observation.

Druggists Aid Social Hygiene.—One hundred per cent coöperation on the part of the druggists of Cattaraugus County in the social hygiene program of the County Board of Health is reported by Dr. L. J. Atkins, director of social hygiene, following a visit by H. C. Mosman, investigator for the division of social hygiene of the State Department of Health.

Mr. Mosman visited all druggists in the county and asked them to destroy all venereal disease nostrums they might have on their shelves. He met with gratifying response. Many of the druggists destroyed in his presence the so-called remedies for these diseases which they had in stock and all agreed either to destroy the nostrums or to return them at once to the firms from which they had purchased them.

It is now forbidden by state law for anyone but a licensed physician to "treat or prescribe for a case of venereal disease, or dispense a drug or remedy for the treatment of such a disease."

Prevention of Venereal Disease.—At its Seventh General Meeting, held in London, July 28th, the Society for the Prevention of Venereal Disease passed the following resolution:

That this Annual General Meeting of the Society for the Prevention of Venereal Disease respectfully urges the Government to grant facilities to the Venereal Disease Act, 1917, Amendment Bill, in view of the support that it has received from the British Social Hygiene Council and the Society for the Prevention of Venereal Disease and the medical Members of the House of Commons.

The society adopted as its motto the first sentence of the Memorandum of Sir George Newman, entitled "An Outline of the Practice of Preventive Medicine"—"The first duty of medicine is not to cure disease but to prevent it." Reports were read and quoted showing that there has been a remarkable fall in the incidence of venereal disease in the British Army during the last four years. The report attributed this to the advance made in the prevention, diagnosis, and treatment of venereal diseases and to the vigorous anti-venereal disease propaganda. The treasurer of the Society emphasized the necessity of obtaining support from the public in view of the fact that the Society receives no Government grant and is entirely dependent upon the subscriptions and donations of those members of the public who realize the national importance of its work.

Importance of Early Treatment in Syphilis.—Clinical results of treatment of early syphilis, as reported by Moore and Kemp in Johns Hopkins Hospital Bulletin, show the distinct advantages of applying

for treatment early. The results reported deal with 402 patients with early syphilis, of whom 42 had sero-negative primary syphilis, 61 sero-positive syphilis and 299 early secondary syphilis. Under a system of continuous treatment with alternating courses of arsphenamine and mercury, the probability of cure is in direct proportion to the duration and regularity of treatment. Periodic examinations from physical and serological standpoints are absolute essentials in evaluation of treatment results.

Venereal Diseases in Scotland.—The Scottish Board of Health reports distinct progress during 1925 in the fight against venereal diseases in Scotland. The total number of patients dealt with, the number of new patients and the number of attendances made by patients all show an increase over the previous year as indicated by the following figures.

	1924-25	1923-24	Increase
Total Cases	25,243	23,153	2,090
New Cases	13,011	12,316	695
Attendances	333,718	312,622	21,096

The increase in the number of new cases is not distributed equally among the diseases included. Figures indicate that there is a progressive increase in the incidence of syphilis in Scotland. The ratio of gonorrhea cases to syphilis cases does not as yet represent the known relative incidence of the two diseases; this is no doubt due to the fact that a considerable portion of persons infected with gonorrhea are not attending the public clinics, of which there are 45 in Scotland. It may be fairly concluded, the report states, that many of these cases are receiving either unskilled treatment or no treatment at all. The fact that there is an increase of 637 in the number of persons found to be free from venereal diseases, among those who applied for examination confirms the view that the seriousness of these diseases is becoming increasingly known to the public and furnishes additional evidence of confidence in the skilled services offered by the clinics.

The bulk of the work of propaganda was again during the last year carried on by the Scottish committee of the British Social Hygiene Council to whom the sum of 800 pounds was paid towards the cost of an improved program during the year of 1924-25. The Council's activities were especially directed to those areas in which least advantage had been taken of the public facilities provided for treat-

ment; and they took the form of meetings, lectures and exhibition of films, both for laymen and the medical profession; conferences with local health authorities, educational authorities and other public bodies; lectures at large public works and to social organizations; exhibition of suitable posters, advertisements and articles in newspapers and trade union journals; and distribution of appropriate literature, including leaflets for foreign seamen printed in most Continental languages.

The Physician and the Movement for Venereal Disease Control.—In his book on "Modern Clinical Syphilology," Professor John H. Stokes sets forth fourteen rules for the physician in his work of venereal disease control. *Venereal Disease Information*, issued by the United States Public Health Service, quotes his ideas of what is required of the profession as follows:

1. Explain to the patient the nature of his disease at the first sitting.
2. Specifically instruct him regarding infectiousness.
3. Give him something to read if he can grasp it, and have at hand something he can grasp.
4. Take time, use words of one syllable; speak the vernacular.
5. Know what the State and the city are doing for venereal disease patients. If they are doing better than you, improve yourself or hand your patients over. Never offer a private patient less than the State can give him free.
6. Report by number or by name if you prefer. If the patient leaves you, know to whom he goes, and send a letter of findings. If he fails to report, notify the authorities.
7. Demand, utilize, and appreciate a good State laboratory. Go to the legislature for it.
8. Call the State or city in to help you with the irresponsible. Demand tact with firmness from the authorities.
9. Place education of the patient ahead of mere enforcement whenever possible.
10. Utilize the State for your patient. If you criticize its service, be constructive.
11. Insist that the State shall keep its place in medical practice and fulfill its obligation in caring only for the indigent. Keep the financially competent patient with you by superior skill and service, and not by devious devices.
12. Expect more, not less, organization in the venereal disease field in the future, and align yourself with it, so long as the patient is the gainer by it.
13. Unhesitatingly follow up the syphilitic family to the very last member.
14. Think socially as well as individually, in preventive terms, about the control of sexual disease and sexual problems. Decline to be cynical.

What an Educated Person Should Know.—In an article on "What Should the Educated Person Know About Health?", which appears in the *Child Health Bulletin* for September, 1926, Dr. Livingston Farrand, President Cornell University, emphasizes the fact that an educated person should have a general understanding of the sex instinct in man, the stages of its development, its normal expression, and the values and penalties attaching to the expression of that instinct.

Dr. Farrand holds that it is fundamentally important that a knowledge of the whole field of the sex instinct, included under the general term of social hygiene, should be part of the equipment of every man and every woman. This knowledge should be developed in early years and carried through in the most complete and intelligent way.

New England Health Institute Plans.—Every phase of scientific endeavor in the field of public and individual health was included in the plans for the New England Health Institute at a meeting of the New Hampshire State Board of Health held at Concord, September 27th to October 2nd, in coöperation with the United States Public Health Service, the State Health Departments of New England, the Yale and Harvard schools of Public Health, and the departments of biology and public health of the Massachusetts Institute of Technology and Simmons College.

Among the speakers were physicians, scientists, nurses, and public health and social workers. Following addresses by 84 specialists, about 70 different subjects were discussed at symposiums and round tables. The courses included the discussion of public health administration, sanitation and engineering, aspects of tuberculosis, syphilis and gonorrhea, child hygiene, social work, mental hygiene, industrial hygiene, food and drug control, and health education.

Social Hygiene Field Work.—Social hygiene field work in the boys' camps this season has been very successful, both from the point of view of work accomplished and of the apparent results achieved, notwithstanding obstacles, according to *Health News*, published by the New York State Department of Health.

One lecturer in social hygiene gives the following summary of his recent work in camps situated near New York City:

Number of camps visited during July and August.....	20
Number of talks given during July and August.....	29
Number of boys and leaders present.....	3531

Of those camps, 15 belonged to Boy Scout organizations and 5 to other camp federations. Some were visited for the fourth consecutive season. Camp directors and the boys themselves have personally and by letter expressed their approval of the work in character building and training in sex hygiene.

Venereal Disease Control Work.—Paterson, New Jersey, makes the following report for 1925:

Number of cases registered, first of year.....	1208
Number of cases reported for first time.....	297
V. D. suspect.....	189
Protective.	74
Advice.	34
Recurrent.	93
Number of cases under care at end of year.....	1506
Number of investigations and visits.....	1023
Number of calls at office.....	1065
Number of letters sent.....	651
Number of letters received.....	507
Number of Wassermanns.....	45
Number of smears.....	37
Number of patients admitted to City Hospital...	36

ASSOCIATION NOTES

THE ATLANTA CONFERENCE

The Regional Conference on Social Hygiene, which was held in Atlanta, Georgia, November 18-20, will go down in the history of the movement as one of the most successful meetings ever carried on under the joint auspices of national and local social hygiene sources. The Southern Medical Association held its annual meeting in Atlanta from November 15 to 18 and the holding of these two meetings during the same week proved mutually advantageous. Proverbial southern hospitality was dispensed by the local committee composed of representatives from the outstanding civic, social, religious, educational, medical, and legal organizations of Atlanta. The Atlanta Convention Bureau furnished much needed assistance and the newspapers and hotels were both gracious and efficient in their reception of the delegates.

Dr. Edward L. Keyes, President of the National Association, was detained at home owing to illness in his family, but Professor Maurice A. Bigelow filled most acceptably the position of chairman of the opening meeting. The chairman's introduction was followed by Dr. Abercrombie's presentation of the state health program in the course of which he mentioned a number of the outstanding social hygiene activities which he and his associate, Dr. Bowdoin, are carrying on in Georgia. The following two addresses by Dr. Thomas Parran, Assistant Surgeon General, U. S. Public Health Service; on "Social Hygiene and Public Health" and Ray H. Everett of the American Social Hygiene Association on "What Social Hygiene Means to Community Betterment" outlined in a logical and interesting manner the social hygiene programs of the national, official, and voluntary agencies in this field. Dr. Parran told in a most convincing way of the great progress which has been made in the medical aspects of social hygiene through the better diagnostic and treatment facilities made available by the private physician and the public clinics, and of the notable health educational work carried on by local, state and national health departments. Mr. Everett noted a similar degree of progress in the efforts of voluntary agencies, his paper dealing mainly with the advance in the fields of educational, legal, and protective measures.

The closing address of the meeting was delivered by Mrs. Anna Garlin Spencer, her subject being "Building for To-morrow—and

To-day." As is usual on such occasions, Mrs. Spencer took the honors of the evening with her inspiring and logical summary of what social hygiene has done and what we may look for on the morrow.

The morning session on Friday, November 19th, was devoted to legal and protective measures, the three speakers being Mr. George E. Worthington of the Association's staff, Mr. Charles L. Chute, General Secretary, National Probation Association, and Dr. Valeria H. Parker, also an Association representative. This session was widely attended by social workers who deal specifically with the problems under discussion, and they listened with great interest to the three addresses on "The Promotion of Social Welfare Through Legal Measures," "What Should Our Probation Standards Be?" and "Protection of Youth Through Social Organization." Many thought this session of particular value in that it enabled them to learn more both of the theory and practical application of legal and protective measures.

The luncheon session on Friday was devoted to another aspect of protective measures—the policewoman movement. The chairman was Mrs. Bruce Carr Jones, Director, Department of Health, National Congress of Parents and Teachers, and the speakers were Mrs. Mina C. Van Winkle and Dr. Walter M. Brunet. Mrs. Van Winkle made her usual fine presentation of the need for more better-trained police-women and her remarks were vigorously seconded by members of many organizations who attended. Dr. Brunet addressed his discussion to the value of social service both in institutions and in private treatment.

In the afternoon a symposium on working programs was presented and in no session was there shown more practical evidence of the well-rounded efforts which are being put forth to carry social hygiene to the public at large. Representatives from official and voluntary social hygiene agencies in Virginia, Kentucky, Massachusetts, Maine, Pennsylvania, Missouri, Louisiana, Tennessee, and many other states, outlined briefly their programs and methods. All present received new thoughts and inspiration from the presentations of those who are working together in a common cause.

The evening meeting on Friday was opened by Dr. Rachelle Yarros, Professor of Social Hygiene, University of Illinois, who took for her subject "Prevention or Salvage: Which Offers More?" Dr. Yarros made a strong plea for constructive and protective efforts in the field of social hygiene, urging that with additional emphasis on these phases, there would be less need for salvage efforts in the future. In

the second address of the evening Mrs. Kathleen W. Wooten, Director, Health Department, Georgia State College for Women, Milledgeville, Georgia, outlined the development of "Social Hygiene in a School Health Program" and described the integration of social hygiene in many of the courses at her college. She pointed out the need for early social hygiene education and told of many instances where her students expressed a wish that they had been able to receive much more instruction along this line at an earlier age from their parents and in the schools, both secular and religious. The third address was on "International Coöperation Toward Social Welfare." In the course of this discussion, Dr. Valeria H. Parker described most interestingly several of the outstanding conferences which she attended in England and on the Continent during her field trip of last summer. She, as well as others who have recently been abroad, expressed the belief that official attempts to regulate prostitution were becoming fewer as the various nations realize the failure of regulation as a means for the protection of society.

The concluding session of the conference on Saturday morning, November 20th, was a meeting on Educational Measures, presided over by Dr. Harriet S. Cory, Educational Director, Missouri Social Hygiene Association. The main addresses were given by Dr. Thomas W. Galloway of the Association and Professor Maurice A. Bigelow, Director of the School of Practical Arts, Teachers College, Columbia University, their subjects being "Social Hygiene and the Religious Leader" and "Education and Present-Day Problems of Sex." This session was one of the outstanding ones of the conference and was widely attended by teachers and clergymen who are earnestly interested in attempting to aid in the solution of our present day social hygiene problems. In this session, as well as in all the others, opportunity was given for discussion from the floor and many of the most interesting and helpful contributions of the entire conference came from those who were not on the formal program.

The papers given at this conference will appear in coming issues of the JOURNAL OF SOCIAL HYGIENE and reprints will be available for distribution. The Association already has received a number of communications from those attending the conference in which further suggestions are made or questions asked regarding the various aspects of the program. Such communications are always welcomed and it is hoped that all members and friends will make full use of the

Association's facilities for supplying information, data, and statistics on any question in the social hygiene field.

The Conference Resolutions Committee presented three resolutions which the Conference voted to forward to the Association's Standing Committee on Resolutions for such action as that committee may see fit to take. The resolutions are as follows:

1. Whereas through the death of Dr. Charles W. Eliot, distinguished educator, influential leader, and first president of the American Social Hygiene Association, the movement suffered a great loss: Be it resolved:

That this Conference record, as a memorial, its expression of grateful appreciation of the sound leadership and valiant service rendered by Dr. Eliot to this and other activities devoted to the cause of social betterment. His long years of devotion and guidance were of outstanding value in the establishment of that comprehensive social hygiene program which has meant so much to our country.

2. In token of appreciation for the efforts of local agencies which have done much to make this Annual Regional Social Hygiene Conference notably successful: Be it resolved:

That the sincere thanks of this Conference be extended to the Atlanta Voluntary Committee, which sponsored the Conference, for its valuable coöperation in advancing the social hygiene movement and

Be it resolved:

That these thanks be extended, also, to the Atlanta Convention Bureau, the press of Atlanta, and the hotels—in particular the Biltmore which, as headquarters hotel, served most efficiently, courteously, and hospitably.

3. This Conference desires to emphasize its conviction:

- a. That constructive recreation in the hands of trained leaders represents one of the greatest preventive measures in the field of social hygiene.
- b. That, therefore, all those who work in this field would profit by a study of its deep significance and fascinating possibilities along physical, educational and character-building lines. In this connection we take pleasure in commending the vision and statesmanship of the municipal authorities of Atlanta in accepting the findings of a recent survey and the program for development of an adequate system of community recreation prepared by the Playground and Recreation Association of America.

BOOK REVIEWS

SELECTED ARTICLES ON BIRTH CONTROL. Compiled by Julia E. Johnsen. Baltimore: H. W. Wilson Company, 1925. 369 p. \$2.40.

When an important issue is matter of active controversy, no greater service—short of returns from actual scientific investigation—can be rendered than a volume such as this. It presents arguments on both sides without comment, confining itself to contributions in English and avoiding questions of method. A brief of twenty-five pages outlines the case for and against legalizing the dissemination of knowledge of means of conception. Then comes an excellent bibliography of over 600 items, beginning with the five previous bibliographies and ranging from Frank Place in 1822 to the end of 1924. A striking omission from this (and the Schroeder or Holmes bibliographies) is that of the huge volumes of testimony of the New South Wales Birth-rate Commission, of which the only known copy here is in the Surgeon General's Library in Washington, and an index and summary with the Committee on Maternal Health. When omitting medical references a note might have been added that such references could be found in Grotjahn's *Geburten-Ruckgang und Geburts-Regulung*, Berlin, 1914; in G. Hardy's *Question de la Population*, Paris, for the French language; in Marie Stopes' *Contraception*, London, Bale, 1923 and 1926, and in the 1924 report of the Committee on Maternal Health of New York.

The introduction briefly outlines the movement in the United States, quoting Frederick L. Hoffmann's conclusion that birth control is now almost general among those married in recent years. Theodore Schroeder has a word on the humility that is the beginning of wisdom, unafraid of new evidence, making judgments by impersonal standards. Professor James A. Field of Chicago has an excellent general historical essay and is followed by Ida C. Clarke, with a valuable detailed list of outstanding dates in the progress of discussion and organization, mainly English and American. The brief time since the beginning is noted,—In round numbers 150 years since Malthus, 100 since France began to practice, 75 since the Onecida Community started, 50 since England awoke actively; 12 of Mrs. Sanger's work, and 5 years for the Stopes and Haire dispensaries.

George E. Worthington's study of American law on the subject is given in full, but the foreign legal situation is only touched upon in

two pages. The French prohibition of 1920 is mentioned; but by references later in the book, this and Japan's restrictions are shown to be little known.

The report by Gertrude M. Pinchot for the Committee on Maternal Health shows Holland unable to furnish records, outlines the survey made of the situation here and abroad, and gives the program for a real investigation, quoting the Bureau of Social Hygiene's figures which disclosed over 85 per cent among 1000 intelligent American married women using contraceptives, with 8 per cent abstinent. Charles M. Clark gives statistics such as Britain's 60,000 imbeciles and insane who are capable of legally multiplying their kind. A paper by Edward A. Ross takes up figures on death rates and birth rates. Dr. Drysdale discusses certain data on Holland's health and Dr. Dublin, in his clear style, brings forward details of fertility. Dignity is conspicuous in articles by Dean Inge, Havelock Ellis, Annie Besant, Alexander Bell, Prof. John M. Cooper, Sir James Marchant and others. We miss Edward M. East. Mrs. Sanger has an article, but one regrets the omissions of extracts from Marie Stopes, who, whether one agree with her or not, must be conceded to write forceful and picturesque English.

That effective contraception safeguards promiscuity against pregnancy and venereal disease is nowhere denied. The dangers of the bottom of the social scale out-breeding the top are fully stressed and admitted. It is also shown how this danger, and the selfish and extramarital abuse of contraceptives, and the fears engendered thereby, have deprived of its benefits the two classes chiefly entitled to knowledge and help. There are women to whom labor means grave hazard or permanent breakdown, and the overbreeding slum dweller. The claim that "no injury can ever result" from contraceptives (140) is contradicted by a few stem casualties among collected records, and the ill results due to improper use or neglect in a limited number of others. A range of too general medical indications is listed (123). The allegation that contraceptives "tend to produce functional sterility" (C. H. Davis, Brownlee, 308, 314) and the statement that no woman should marry until she is ready to bear (Giles) has been met by a reiterated request for case histories giving evidence that any method but the stem produced sterility. This has remained unanswered.

It is not a little curious to note that, in this active controversy, the invective is all or almost all on one side. We do not refer to the

circular of the Lambeth Bishops in favor of ascetic marriage ("abstinence . . . prolonged . . . or permanent") wherever conception should not occur, and their "unhesitating judgment" as to the means of effective control being "demoralizing and sinful," or to their apparent classification of "intercourse as an object in itself" being "grossly sensual." We refer to the frequency of occurrence, in the 125 pages of "Negative Discussion" of such terms as "filthy," "degrading," "degenerate" (82, 275, 302, 330, etc.), legalized vice, "essentially prostitution" (348, 353, et al.) uncontrolled animalism, and "the last gasp in sensualism" (266). Among the antagonists to birth regulation, there is little appreciation of the fact that birth control always involves a measure of self-control and sacrifice. The reviewer does venture to wonder whether any other department of human existence is subjected to such oracular pronouncement on such scanty foundation, which only systematic scientific case-study carried through the necessary thousands of well analyzed life-time records could underpin. When an author who lacks medical or biological background dogmatically enunciates the "laws of nature" and assumes the pontifical tone as to what constitutes "the normal" in sex relationships, he lays himself open to the suspicion of declaring "unphysiological" whatever runs counter to his own religious tenets or intimate personal experience—or inexperience. Perhaps in no section of our beliefs, whatever our desire for fairness and open-mindedness, is there more inevitable bias. This book balances some biases.

R. L. DICKINSON, M.D.

BRIEFER COMMENT

CONGENITAL SYPHILIS.. United States Public Health Service. Compilation No. 2. 1924. 111 p.

SYPHILIS OF PREGNANCY. United States Public Health Service. Compilation No. 3. 1925. 60 p.

Abstracts secured in the compilation of "Venereal Disease Information," ELEVENTH ANNUAL REPORT OF THE ASSOCIATION FOR MORAL AND SOCIAL HYGIENE. London. 1926. 56 p.

This report covers the period from April 1, 1925, to March 31, 1926. It outlines the work of the association, the progress made and a statement of the financial condition of the A. M. S. H.

MATERNAL MORTALITY. By Robert Morse Woodbury. U. S. Department of Labor, Children's Bureau, Publication No. 158. 1926. 163 p.

This report brings together and analyzes all available material both American and foreign on deaths of mothers during childbirth and is a most important piece of recent research.

REPORT OF THE SEVENTH ANNUAL GENERAL MEETING OF THE SOCIETY FOR THE PREVENTION OF VENEREAL DISEASES. London. 1926. 28 p.

Minutes of proceedings and report of the year's work.

THE TEACHER'S PART IN SOCIAL HYGIENE. By the Joint Committee on Health Problems in Education of the National Education Association and American Medical Association with the coöperation of the American Social Hygiene Association prepared under the direction of Thomas D. Wood, 2d edition. N. Y. American Social Hygiene Association. 1926. 20 p.

This new edition of constructive suggestions for a social hygiene deals not with sex instruction which should be a part of the curriculum, but with the various ways in which the teacher, in close coöperation with the parents can take over the task of educating for citizenship and parenthood.

A four page annotated bibliography of books and pamphlets adds much to the value of this publication.

PUBLICATIONS RECEIVED

Under this head the JOURNAL OF SOCIAL HYGIENE lists publications received and not reviewed. Those which fall sufficiently within its field and are of sufficient importance to its readers to warrant comment will be reviewed in later issues.

BOOK OF MARRIAGE, THE. A new interpretation by twenty-four leaders of contemporary thought. Arranged and edited by Count Herman Keyserling. New York: Harcourt, Brace and Company, 1926. 511 p.

DELINQUENTS AND CRIMINALS. Their Making and Unmaking. By William Healy and Augusta F. Bronner. Judge Baker Foundation Publication No. 3. New York: The Macmillan Company, 1926. 317 p.

DOCTOR LOOKS AT LOVE AND LIFE, THE. By Joseph Collins. New York: George H. Doran, 1926. 279 p.

HYGIEIA OR DISEASE AND EVOLUTION. By Burton Peter Thom, M.D. New York: E. P. Dutton and Company, 1926. 107 p.

HYGIENE OF SEX, THE. By Max von Gruber. Baltimore: William Wilkins, 1926. 181 p.

MAKERS OF FREEDOM. Biographical Sketches in Social Progress. By Kirby Page and Sherwood Eddy. New York: George H. Doran, 1926. 311 p.

MODERN SCIENCE AND PEOPLE'S HEALTH. Edited by Benjamin C. Gruenberg. New York: W. W. Norton and Company, Inc., 1926. 250 p.

PROHIBITION AT ITS WORST—How bad is it anyway? By Irving Fisher. New York: Macmillan and Company, 1926. 255 p.

STUDENTS' USE IN LIESURE TIME OF ACTIVITIES LEARNED IN PHYSICAL EDUCATION IN STATE TEACHERS COLLEGES. By Ethel Julia Saxman. New York: Bureau of Publications, Teachers College, Columbia University, 1926. 90 p.

URBAN COMMUNITY, THE. By E. W. Burgess. Chicago: The University of Chicago Press. 268 p.

YOU CAN'T WIN. By Jack Black. New York: The Macmillan Company, 1926. 394 p.

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